



<u>OFFICE USE ONLY</u>
Date Received: _____
Assigned To: _____
Date Discussed: _____
Date Response Mailed: _____ <i>(copy attached)</i>

SUGGESTION/COMMENT/GRIEVANCE FORM

The Suggestion/Comment/Grievance form is for students and instructors. It's a method of feedback that will enable you to voice your opinions, comments, suggestions, and complaints to CEF. In the pursuit of continuous improvement CEF encourages and appreciates your input. This form will be reviewed by the appropriate CEF staff, council or committee and a response will be sent to you in the mail. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

Should a student/trainee/instructor have a grievance about any adverse decisions or act, they may appeal directly to the Career Education Committee . This appeal must be in writing to the committee within 30 days of the decision. The committees shall have a right to ask the student/trainee to appear in person.

This form needs to be sent to the CEF office located at 1401-A W. Royal Lane, PO Box 612107, DFW Airport, Texas 75261-2107. The form will be presented to the appropriate committee.



Date of Form: _____ Course: _____

Student Name: _____ Instructor Name: _____

Is this form being used as a grievance to appeal a recent decision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the date of this decision	DATE: _____	

1. Summary of Suggestion/Grievance /or Comment: _____

2. Suggested Solution (In Your Own Words): *Optional*

	<p>Please return to the CEF office at: 1401-A W. Royal Lane, PO Box 612107 • DFW Airport • Texas 75261-2107 (972) 574-5200 • (972) 574-3440 fax</p>	
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