

KINGSBOROUGH COMMUNITY COLLEGE  
of  
The City University of New York

**Department of Business Complaint Form**

**Instructions:** Complete **all** fields below. All information (except your signature) must be typed or **very** neatly printed.  
**(Note: You may fill in this form on the computer, download the filled-out form, and sign it.)**  
**Complaints missing any item will not be accepted.** If you are unable to fit the description of your complaint into the “complaint summary” section you may type “See Attached Paper” in that section and staple your paper to this complaint form. You **must sign and print or type your name on any attached papers.**

**Your Name (“Complainant”):**

**Phone Number:**

**E-mail Address:**

**Subject of Complaint :**  
**(name of the person you are complaining about)**

**Subject’s Title (i.e., professor, student, staff, etc.):**

**Complaint Summary**

**Incident Date(s):**

**Course(s) and Section(s) (if relevant):**

**Room(s) and/or Location(s):**

In the space below, please describe your complaint with as much detail as possible.

Your Signature \_\_\_\_\_ Complaint Date: \_\_\_\_\_