

**Student Complaint Form**  
**The University of New Mexico College of Pharmacy**

Student Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Local Home Contact Information:

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Page: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Home Contact Information:

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Page: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**NOTICE:** Information on filing complaints is provided in the University of New Mexico College of Pharmacy Student Handbook and in the Pathfinder.

In the space below, please state in detail your complaint. You may use additional pages if necessary.

In the space below, please state in detail what resolution or relief you are seeking. You may use additional pages if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Upon completion, please place the Student Complaint Form in an envelope, seal and mark the envelope "Confidential" and deliver to the Assistant Dean for Professional Education for the University of New Mexico College of Pharmacy.*