

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.