South Central College

NURSING PROGRAM

SITUATION /SOLUTION FORM

This form may be used when a student has a concern or complaint about his/her education or experience at South Central College. Include Student ID. If this is a whole class bringing forward a concern, then all students must sign the form or their signatures should be attached.

This form should be turned into the Dean of Allied Health of Nursing prior to a scheduled meeting.

Printed Name

Signature

Street Address

City State Zip

Daytime phone

Email address

Program/Major/Area

Date form submitted

Student ID

Course ID and Instructor Name

Please respond to the following. Use a separate sheet if needed.

1. Describe your concern or complaint

2. Describe any steps you have taken to correct the situation.

3. Describe the action(s) you are seeking to resolve this issue