OAKLAND COMMUNITY COLLEGE

Student LIFE

LEARNING • INTERACTING • FAMILY • EMPLOYMENT

Student Government

Concern/Suggestion Form

This Form is not to be used for Grade Appeals

Any student expressing a concern or suggestion, positive or negative is encouraged to submit this form. This completed form should be submitted to the SA3 President; or may be received, dated and signed by the Student Life Office, Student Development Coordinator.

Please identify the nature of the Concern,	/Suggestion				
Academic Concern/Suggestio	n.				
☐ Non-Academic Concern/Sugg	estion				
Behavioral Concern					
Name Day Phone #	Student ID	Evening Phone #	Date		
Day Phone #		Evening Phone i	#		
This concerns the following campus/site:	□АН □HL	□or □ro	SF	Other	
Description of the concern/suggestion or	r incident. If a spec	ific person is invol	ved, ple	ase include their name.	
Please explain the level of your concern	(threatened, unco	mfortable, harasse	ed, etc.):		
If your concern involves a particular class	or department, ple	ase complete belo	w:		
Course code:		Number:			
Department:	Instruc	tor:			

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SA3 (Student Government)

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Concern/Suggestion Form								
Have you met with the instructor involved? Yes Have you met with the Department Chair: Yes	□No □No	□NA □NA						
Actions/ Recommendations:	_		Date					
X								
Student Development Coordinator								
Χ								
SA3 President								
☐ Information recorded in the SA3 Data Base		Date:	Ву:					