College of Pharmacy Complaint Form

Student’s Name: __________________________ Date: __________________________

Address: ______________________________________________________________________

Phone: __________________________ Email: __________________________

Nature of Complaint:

ACPE Standard Complaint Regarding
☐ Mission
☐ Planning and Evaluation
☐ Organization and Administration
☐ Curriculum
☐ Students
☐ Faculty and/or Staff
☐ Facilities and Resources

College of Pharmacy Complain Regarding
☐ Rule
☐ Regulation
☐ Policy

Date of Complaint: __________________________ Time of Complaint: __________________________

Location of Complaint: ______________________________________________________________________

Statement of Complaint:

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________
Summary of informal attempt to resolve complaint:

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________________________________________________________________________

Suggested remedy for complaint:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Complainant Signature:________________________________________________________________________

Respondent(s): ____________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Please complete this form and mail or deliver it to the Office of Student Services:

College of Pharmacy, Office of Student Services
Drachman Hall B107
PO Box 210202
Tucson, AZ 85721-0202

NO FAXES OR EMAILS WILL BE ACCEPTED.