



Vice President of Student Services

Nueta Hidatsa Sahnish College
PO Box 490/220 College Drive
New Town, ND 58763
Phone: 701-627-8013
Fax: 701.627.2781
cfrank@nhsc.edu

STUDENT APPEAL/COMPLAINT FORM

Student Name: _____ Student ID: _____

Student Address: _____

Advisor's Name: _____

Students Email: _____ Phone #: _____ Alternate Phone #: _____

Term: _____ Year: _____ Date: _____ Major: _____

BRIEF STATEMENT OF APPEAL OR COMPLAINT: (Include circumstances, dates, times, and name of person(s) or witness (es) involved. Who or what is the complaint about? Are any witnesses willing to testify to what occurred?)

EXPLAIN WHAT STEPS YOU HAVE ALREADY TAKEN TO SOLVE THE PROBLEM: (Check appropriate responses.)

Talked with person. Name of Person: _____

Talked with supervisor. Name of Supervisor: _____

Other (explain) _____

RESULTS/OUTCOME OF THE ABOVE (IF ANY) TO DATE: _____

WHAT ACTION ARE YOU NOW REQUESTING? (Please state what you expect as a result of filing this form).

Signature of Student

Date filed

After completing the above requested information, please forward it to the Vice Present of Student Services.

APPEAL/COMPLAINT RECEIVED BY: _____ DATE: _____
For Office Use Only