HONOLULU COMMUNITY COLLEGE Complaint Form

Name:	Email Address:	
Banner ID:	Phone:	
Do you wish to be contacted? □Yes □ No		☐ Anonymous
Please briefly describe your circumstance/situation (Attach documentation or justification if applicable)		
What remedy do you seek?		
Student's Signature:	Date:	
Referred to:	Date:	

The Family Educational Rights and Privacy Act of 1974 forbids you to disclose any information about the student which is contained in this document, to any other party either outside your organization or outside of the purpose for this disclosure without first obtaining the written consent of the student.