

Pfeiffer University—Marriage & Family Therapy Program

Student Complaint Form

Please provide a description of the specific issue or complaint you would like to bring to the attention of the program administrators and faculty. Please sign, date, and submit the form to the program director or site-director (Raleigh/Durham campus). Thank you for taking the time to provide feedback and/or share any concerns you have related to the program.

Student Name: _____

Signature: _____

Date: ____ / ____ / ____

This section for Administrators only

Date received: ____ / ____ / ____

Received by: _____

Action Taken:

Issue/Complaint Resolution:

Student Signature: _____

Date: ____ / ____ / _____

Program Administrator's Signature: _____

Date: ____ / ____ / _____