

Student Complaint Form
The University of Rhode Island College of Pharmacy

Student Name: _____ Graduation Year: _____

Contact Information:

Email: _____

Telephone: _____

Nature of complaint: _____
(ie: curriculum, admissions policy, etc)

NOTICE: Information on filing complaints is provided in the University of Rhode Island College of Pharmacy Professional Handbook and on the College of Pharmacy website at www.uri.edu/pharmacy.

In the space below, please state in detail your complaint. Please include actions already taken to informally solve your complaint. You may use additional pages if necessary.

In the space below, please state in detail what resolution or relief you are seeking. You may use additional pages if necessary.

Signature

Date

Upon completion, please place the Student Complaint Form in an envelope, seal and mark the envelope "Confidential" and deliver to the Associate Dean of Student Affairs for the University of Rhode Island College of Pharmacy located at 144 Lower College Rd. Room 117, Kingston, RI 02881.