Student Complaint Report Division of Radiologic Imaging Sciences University of Arkansas for Medical Sciences



Student Name:	
Specific details relating to the nature of the complaint:	
Student Signature:	Date:
Faculty Response/Resolution:	
Faculty Signature:	Date:
Resolved:	
Student Signature:	Date:
Faculty Signature:	Date:
Unresolved*:	
Student Signature:	Date:
Faculty Signature:	Date:

^{*}Student has the right to appeal the program director's decision according to the Student Administrative Grievance policy located in the RIS Student Handbook