

The University of Tennessee Health Science Center
College of Nursing
Formal Complaint Form

Complainant Information

Full Name: _____
Last *First* *M.I.*

Title: _____

Phone Number: _____

Detailed Description of Complaint

Include date and circumstances, if applicable.

Names of All Persons Involved in Complaint

Proposed/Recommended Solution(s)

Signature: _____

This form must be submitted via official UT email
to the CON Associate Dean of Academic Affairs.