

Concern Form



Pine
Technical
College

Revised: 11/2011

Section 1: Optional → Complete this section if you would like follow-up.

Name (First, Middle Initial, Last): _____ Tech ID: _____

Cell Phone Number: _____ E-mail address: _____

Section 2: Tell us about your concern.

Briefly respond to the following questions below. Program: _____ Date: _____

1. Describe your concern or complaint. Please include appropriate names, departments or courses and date(s) of occurrence where applicable.

2. When did you communicate with the person(s) involved?

3. Describe steps you have taken to correct the situation.

4. Describe the action(s) you seek to resolve the issue.

Resolution

Your concern will be addressed with appropriate administrators, staff members, or faculty members within three (3) business days. For more information regarding the resolution of your concern, e-mail Nancy Mach, Dean of Student Affairs, at: machn@pinetech.edu.

Questions? Contact us!

 800.521.7463/
320.629.5100

 www.pinetech.edu

 900 Fourth Street SE
Pine City, MN 55063



A MEMBER OF THE
MINNESOTA STATE COLLEGES
AND UNIVERSITIES SYSTEM