



Student Concern Form

OCC Math & Science Division

Your Name: _____

Student ID Number: _____

Your Phone Number: _____

Your Email (Required): _____

Course: _____

Instructor: _____

What is your concern? _____

Who have you talked to about it (e.g., the instructor)? _____

What would you like to see happen? What resolution are you seeking? _____

I understand that the parties involved may be contacted in the process of resolution for the concern(s). I understand I hereby verify that the statements made herein are true to the best of my knowledge.

Student Signature: _____ Date: _____

Email this form to the Division office at: mathscience@occ.cccd.edu