

Wayland Baptist University

Don A. Williams

School of Education

Educator Preparation Program (EPP)

Complaint Form

Today's Date: _____

Complainant Information:

Name: _____

Address: _____

Phone: _____

Email: _____

TEA ID#: _____ Student ID#: _____

Complainant's Role: Check all that apply

- Program Applicant Current Candidate Former Candidate
 Employee Former Employee Cooperating Teacher
 Mentor Teacher
 Administrator of _____
 Other _____

Select the area that is the source of the complaint. Your selection will help inform how we will address the issue. You will also be responsible for providing supporting information in the following section of this form.

- Teacher Education Program Professional Certification Program
- EPP Admission Policy** **EPP Requirements**
 Denied EPP Admission **EPP Field-Based Observations**
 EPP Clinical Teaching **EPP Practicum**
 EPP Internship **EPP Observation and Feedback**
 Removed from Program **EPP Faculty**
 EPP Field Supervisor **EPP Certifications**
 Individual Student Issue **Other** _____

1. Explain why you are submitting a formal complaint. Please be concise and specific.

2. What dates and events are relevant to your concern? Please be specific.

3. What efforts have you made to resolve the complaint in other ways?

4. What other additional information would be important to consider?

Complainant's Signature: _____

-----For Department Use-----

Date Received: _____ Received by: _____

Date Reviewed: _____ Reviewed by: _____

Comments:

Corrective Action: