

Pueblo

Community College
Physical Therapist Assistant Program
Complaints Outside Due Process Form

*Name : _____ Date: _____

*Organization: _____

*Complaint: _____

Discussion/Meeting Notes: _____

Action to be taken: _____

Signature _____ Date _____

PTA Chair _____ Date _____

Dean _____ Date _____

**To be filled out by complainant.*

Please email form to Margaret.Oreskovich@pueblocc.edu