



**Northeastern University**

Bouvé College of Health Sciences  
School of Pharmacy

## Student Complaint Form

Student Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Local Home Contact Information:

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Home Contact Information:

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_

**In an accompanying page, please state in detail your complaint, making reference to a specific ACPE standard. Also, please state in detail what resolution or outcome you are seeking.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Upon completion, please place this form and the accompanying page in an envelope, seal and mark the envelope "Confidential" and deliver to the School of Pharmacy Dean's Office in 206 Mugar Hall***