STUDENT COMPLAINT POLICY

If you have a suggestion or a complaint against the ELIM Outreach Training Center, or any Instructor, we request that your suggestion **or** complaint be addressed to the appropriate authority at ELIM Outreach Training Center.

You will not, in any way, be retaliated against or punished for making a suggestion **or** complaint. Retaliation is prohibited by federal and state law; any evidence of retaliation will be acted upon immediately.

More importantly we value and need your feedback. Please fill out the **Student Complaint Form** (attached).

Provide specific details of the incident(s), which prompt your **COMPLAINT** and the solution/remedy you recommended.

The chain of command is: **student** and **instructor(s)** will ideally try to reconcile the suggestion/complaint, at which point the issue is resolved.

However, if you are not satisfied you as a student may proceed to the next level of resolution in which the Program Director will be involved to achieve resolution.

If these steps are not successful or satisfactory to you the student, may contact

ILLINOIS BOARD OF HGHER EDUCATION 1 North Old State Capitol Plaza, Suite 333 Springfield, Illinois 6270-13771.

I have read and understand the process stated above.

Additionally complaints may be submitted via the **IBHE** online compliant system at http://complaints.ibhe.org or the online system is also accessible through the agency's homepage www.ibhe.org.

1	
Student's PRINTED name	Date
Student's Signature	Telephone Number

Date

ELIM Outreach Training Center 1820 Ridge Rd. Suite 300-301 Homewood, Illinois 60430 Tel# 708-922-9547 Fax# 708-922-9568 E-mail: elim1820@comcast.net

Website- elimotc.com

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Program Director's Signature

STUDENT COMPLAINT FORM

	ent's First Name Middle Initial		Last Name	
ermanent Street Address	City	State	Zip Code	
Celephone Number		Cell Phone Number		
Course of Instruction	Da	ates of Enrollment	Student's ID#	
Please describe in details you	ır complaint(s)			
❖ If the concern has to		fees did you speak with th		
❖ If the concern has to Yes () No ()		fees did you speak with th		
Yes () No ()	Results		Date	
Yes () No () If the concern has to	Results	or, did you speak with the	Date Program Director?	
Yes () No () * If the concern has to Yes () No ()	Results do with an instructor Results	or, did you speak with the	Date Program Director?Date	
Yes () No () * If the concern has to Yes () No ()	Results do with an instructor Results	or, did you speak with the	Date Program Director?	
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