



NORTHEAST MARITIME INSTITUTE
College of Maritime Science
32 Washington Street
Fairhaven, Massachusetts 02719

STUDENT COMPLAINT FORM

Full Name: _____

Telephone: _____

Email: _____

Statement and Details of Complaint: _____

Attachment(s) and/or Addendum(s): _____

Expected Change(s) or Outcome(s): _____

Recommendation(s): _____

Signature

Date