



Saddleback College  
28000 Marguerite Parkway  
Mission Viejo, CA 92692  
(949) 582-4500

Division of Advanced Technology & Applied Science  
Monday – Friday 9:00 a.m. – 5:00 p.m. | TAS 207  
Phone (949) 582-4541 | Fax (949) 347-9004  
Website: <http://www.saddleback.edu/atas>

**SADDLEBACK COLLEGE**  
**COSMETOLOGY & COSMETICIAN PROGRAM**  
**COMPLAINT INFORMATION & FORM**

**Please read all information thoroughly and follow all directions carefully.**

Saddleback College and Applied Technology and Applied Science Division address student complaints in a fair and equal manner. To address and resolve complaints as quickly as possible, students should send completed forms to Elle DuBois, Assistant to the Dean, **by email only**.

***Below you will find the steps you will need in order to process your complaint.***

***Step 1: Before You Complete a Complaint Form***

*Try to work out the problem with the administration, not just the instructor, at the beauty school.  
(Important: The Dean will not consider reviewing the complaint unless this has been done.)*

***Step 2: Complete a Complaint Form.***

*\*Please fill out the attached complaint form.*

***\*Note: If there is more than one complaint, please fill out a form for each specific complaint.***

***Step 3: Gather Information.***

*\*Please attach any supporting documentation with your complaint form as PDF files.  
Examples: signed contracts, agreements, correspondence, school policies supporting your  
complaint, etc.*

***Please be sure to retain a copy of all documents for your own records before submission.***

***Step 4: Submit Complaint Form and Documentation.***

Please **email** the completed complaint form and any and all documentation as attachments to Elle DuBois at [edubois@saddleback.edu](mailto:edubois@saddleback.edu). Use spellcheck and proper grammar.

In the subject line of the email, please write your **full name** along with "***student complaint***".

***Step 5: Check Your E-mail.***

We will respond to your complaint within **one week**.

***\*\*Please continue to attend school as normal and maintain your grades.\*\****

# Student Complaint Form

Student's Name – Last, First, MI: <i>*We do not accept anonymous complaints.</i>	
Address, City, Zip Code:	
E-mail:	Telephone Number:
Beauty School:	Student ID Number:

Description of Complaint (Please provide facts that can be proven with dates, names, time):

Person with whom you have a complaint: \_\_\_\_\_

Date(s) of incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

**\*Approximate time is okay**

Complaint:

*\*Please use brief straight forward sentences (Example: "No teacher on duty.")*

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\_\_\_\_\_

Briefly explain what you would like Saddleback College to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Received:

Reviewed by: