1400 S. Wolf Rd., bldg.400, Wheeling, IL 60090
Ph: 847-243-7113
info@solexian.com

Complaint Form

Student Name: _____

Last Name/Family Name *First Name/Given Name* *Middle Name*

Phone Number: _____ *(OPTIONAL)* E-MAIL: _____ *(OPTIONAL)*

Level: _____ **Course Name:** _____ **Teacher's Name:** _____

☐ *Check if you would like to be contacted by SOLEXIAN administration*

Subject of Complaint: _____

Complaint Statement

DO NOT WRITE BELOW. FOR OFFICE USE ONLY.

Received by: _____ **Date:** ____/____/____

Comments: