

# Pueblo

**Community College**  
**Physical Therapist Assistant Program**  
**Complaints Outside Due Process Form**

\*Name : \_\_\_\_\_ Date: \_\_\_\_\_

\*Organization: \_\_\_\_\_

\*Complaint: \_\_\_\_\_

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Discussion/Meeting Notes: \_\_\_\_\_

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Action to be taken: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

PTA Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

*\*To be filled out by complainant.*

*Please email form to [Margaret.Oreskovich@pueblocc.edu](mailto:Margaret.Oreskovich@pueblocc.edu)*