



Northeastern University

Bouvé College of Health Sciences

School of Pharmacy Student Complaint Form

Student Name:

Graduation Year with Pharm. D. Degree:

Local Home Contact Information:

Street Address:

City/State/Zip:

Telephone:

Home:

Work:

Cell:

Pager:

Email Address:

In an accompanying page, please state in detail your complaint, making reference to a specific ACPE standard. Also, please state in detail what resolution or outcome you are seeking.

Signature _____

Date _____

Upon completion, please place this form and the accompanying page in an envelope, seal and mark the envelope "Confidential" and deliver to the School of Pharmacy Dean's Office in R233 in 140 The Fenway or interoffice to R218TF.