AABInternational

Aviation Accreditation Board International
115 South 8th Street • Suite 102 • Opelika, AL 36801 • P (334) 748-9359

COMPLAINT SUBMISSION

Contact Information (Note: AABI will not share the contact information below with any outside entity, and will remove this information prior to using or sharing the details of the complaint with appropriate stakeholders)							
Full Name					Phone: Email:		
Address							
City	State				Zip		
}← Inctitution Information							
Institution Information School Name							
Concorrante							
School Address							
City	State				Zip		
Name of Program		Program Start Date				Program End Date	
Degree Level: As	ssociate	Bacca	alaureate	Maste		Doctoral	Other
Current Status:	Attending		Graduated		Termi	nated	Other
Complaint Information Student/faculty member/other stakeholder must have followed all available complaint/grievance procedures established by the institution, prior to submission of this form.							
Date(s) of occurrence:							
YesNo							
Whom did you contact? Date contacted: Date contacted:							
Provide a detailed description of your claim and what steps you have taken to resolve the complaint. Specify pertinent dates, times, and full names of all involved, as well as the actions taken by both the student/faculty member and the institution to resolve the matter. Attach additional pages, if necessary, along with legible copies of all relevant documentation. Indicate how you would like to see the matter resolved.							
By signing and submitting this form, you are giving AABI permission to contact school officials and other agencies or persons, with the de-identified details of your complaint.							
The information given in this complaint is true and accurate to the best of my knowledge.							
Signature: Date:							