

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
Academic and Student Services
Office of Proprietary School Licensing and Resource Development

200 West Jones Street
Raleigh, North Carolina
Mailing Address:
5016 Mail Service Center
Raleigh, North Carolina 27699-5016

Phone: (919) 807-7149
Fax: (919) 807-7164
E-Mail: jacksond@nccommunitycolleges.edu
Website: <http://www.nccommunitycolleges.edu>

INSTITUTIONAL COMPLAINT REPOSENSE FORM

1. Please respond to the student complaint. Include the events or circumstances upon which the complaint is based and the names and titles (if any) of the individuals involved. Attach additional sheets if necessary.

Institution: _____

Location: _____

Official(s)
Involved: _____

Description: _____

What did the institution do to resolve the complaint? _____

2. Document that the institution handled the complaint in accordance with published school policy as contained in the school catalog and student handbook. Please cite references.
3. Attach any evidence bearing on the issue. This may include, but is not limited to, police reports, statements from eyewitnesses, pictures, etc.
4. What compromises is the institution willing to make to resolve this issue?
5. Sign and return this form and the required documentation to the above address.

I hereby grant permission to the North Carolina Community College System Office/Proprietary School Licensing and Services to forward a copy of this Institutional Complaint Response Form to the complainant. I acknowledge receipt of a copy of the Procedures for Handling Complaints. I certify that the information I have provided is correct to the best of my knowledge.

Signature School Director: _____ Date _____

Name of
Institution: _____

