

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

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>

STUDENT COMPLAINT FORM

1. Describe the nature of the complaint, including 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 do you want the institution to do?

2. Attach documentation that a reasonable effort has been made to resolve the complaint directly with the institution.
3. Attach any evidence bearing on the issue.
4. 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 complaint to the institution for a response. 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 _____ Date _____

Street Address _____

City, State, Zip Code _____

Telephone (Day) _____ (Evening) _____ (Fax) _____