

**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:  
5001 Mail Service Center  
Raleigh, North Carolina 27699-5001

Phone: (919) 807-7061  
Fax: (919) 807-7169  
E-Mail: [corls@nccommunitycolleges.edu](mailto:corls@nccommunitycolleges.edu)  
Website: <http://www.nccommunitycolleges.edu>

**INSTITUTIONAL COMPLAINT REPONSE 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 Office of Proprietary Schools to forward a copy of this Response Form to the complainant. I certify that the information I have provided is correct to the best of my knowledge.

Name of Institution: \_\_\_\_\_

Signature School Director: \_\_\_\_\_ Date: \_\_\_\_\_