

STUDENT COMPLAINT FORM

| Student Information | | |
|--|-------------------|-----|
| Full Name | | |
| Address | | |
| City | State | Zip |
| Home Phone Number | Work Phone Number | |
| Cell Phone Number | Email | |
| How do you prefer we contact you? | | |
| <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> email | | |
| School Information | | |
| School Name | | |
| School Address | | |
| School City | State | Zip |
| Complaint Information | | |
| 1. Did you follow the school's grievance procedure to resolve your complaint with the school? <div style="text-align: center; margin-left: 100px;"> <input type="checkbox"/>Yes <input type="checkbox"/>No </div> Who did you contact? (list all with names and titles) | | |
| 2. Have you filed this complaint with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Organization's Name: | | |
| 3. Do you have an attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes Name: | | |

4. **Please attach a statement describing the nature of the complaint. The statement should include a description of the events or circumstances upon which the complaint is based and all supporting documentation for your complaint must be attached. Specify any pertinent dates, staff you dealt with, monies owed, balances due, etc.**

The information you provide will be used in efforts to resolve your complaint and will be shared with the school. By submitting this complaint and the accompanying FERPA Consent and Release Form, you are giving the West Virginia Council for Community and Technical College Education or West Virginia Higher Education Policy Commission permission to contact school officials to discuss a possible resolution to your complaint.

Signature: _____ **Date:** _____

STATE OF WEST VIRGINIA
COUNTY OF _____

I, _____ a notary public in and for said state do hereby certify that _____, whose name is signed to the writing above, has this day acknowledged the same before me.

Given under my hand this _____ day of _____, _____
My Commission expires _____

Notary Public {stamp}

Council/Commission Use Only:

Date Received:

CCTCE Jurisdiction? Yes No

HEPC Jurisdiction? Yes No

Classification of Complaint: Ac Adm Fin FA Oth

Mail or Fax all complaints with associated documents to:

Executive Vice Chancellor for Administration
West Virginia Council for Community and Technical College Education
West Virginia Higher Education Policy Commission
1018 Kanawha Boulevard, East
Suite 700
Charleston, WV 25301
Fax: 304.558.5719