ALABAMA COMMUNITY COLLEGE SYSTEM

STUDENT COMPLAINT FORM

Complainant_____

Address _____

_____

City State Zip Code

Phone _____ Alternate Phone _____

E-mail _____

Institution Name_____

Address _____

City State Zip

Phone Number _____

Program of Study _____

Last Date of Attendance _____

Did you follow the Institution's grievance procedure to resolve your complaint?

☐ **No**

If no, stop here and refer back to the institution's complaint/grievance process. Please exhaust all steps in the institution's complaint/grievance process before filing a complaint with the System Office of the Alabama Community College System.

☐ **Yes**

Please continue with this form.

How did you contact the Institution? Please specify who was contacted and on what date(s), if possible.

☐ Phone Call _____ Date_____

☐ In Person _____ Date_____

☐ Letter _____ Date_____

☐ E-mail _____ Date_____

☐ Other _____

(Continue to next page)

What outcome did you seek from the Institution?

Have you contacted another agency or organization about the matter?

☐ **Yes**

☐ **No**

If yes, please give name of agency. _____

Have you contacted an attorney?

☐ **No**

☐ **Yes**

If yes, please give name of attorney. _____

Describe your complaint in detail. Specify any dates, staff you dealt with, monies owed, balances due, etc. Use additional paper/space as necessary. Attach any documentation which will help describe the problem and substantiate your allegations, such as an enrollment contract, correspondence with or from the institution, etc. Do not submit original documents as they may not be returned.

Certification

I certify that the above information is true and correct to the best of my knowledge and grant the ACCS permission to release my name and complaint details to the System Office investigating officer and the institution for response.

_____ _____

Signature of Complainant **Date**

Also complete the following FERPA Consent Form and mail both forms to: Alabama Community College System, Attention: Division of Academic and Student Affairs, P.O. Box 302130, Montgomery, AL 36130-2130 or e-mail to complaints@accs.edu.

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FERPA (Federal Educational Rights and Privacy Act)

CONSENT TO RELEASE STUDENT INFORMATION

I, _____, am a student at, or a former student of, _____ (institution). I have submitted a complaint concerning the above institution to the Alabama Community College System.

I hereby consent to the institution's release of any of my educational records, including personally identifiable information that the institution determines is relevant and necessary to provide to the ACCS System Office in response to my complaint. I also authorize representatives of the institution to discuss the details of my complaint with representatives of the ACCS System Office.

Signature_____ Date _____