

First Name:	Middle Initial:	Last Name:
Address:	City:	State: Zip:
Primary daytime phone number:	Alternate daytime phone number:	
Email address:		
Preferred method of contact:	Phone	Email
I am submitting a complaint against		located in North Carolina.
Institution Location – City:		
Did you use a different name at the time of enrollment?		
If yes, please provide.		
Name of program of study:		
Program start date:	Program end date:	
Current enrollment status:		
Currently attending above institution:	Yes No	Last date of attendance:
Graduated:	Withdrew/terminated:	Other:

Student must follow the institutional complaint process provided by the college or university before submitting a complaint to the State Portal Agency (NCSEAA). Did you submit a complaint to the institution according to their complaint policy?

Please keep a copy of your submission to NCSEAA for your records.

Please describe your complaint in detail, including the nature of the incident, dates and names of individuals involved and institutional employees with whom you have discussed your complaint. You may submit on a separate document.

How would you like to see your complaint resolved? For example, do you want a refund of tuition or to repeat a class?

I certify that the information provided on this form is true and correct to the best of my knowledge and belief. By submitting this form, I understand that I am granting permission to the NCSEAA as the State Portal Entity and members of the SARA North Carolina Advisory Council to contact institution officials to discuss my complaint and a possible resolution.

Signature: _____

Date: _____