Student Complaint Form

To file a complaint concerning a postsecondary institution offering degree programs in North Carolina, please fill out and email this form to studentcomplaint@northcarolina.edu or mail it to the University of North Carolina General Administration at the address listed above to the attention of Terrence Scarborough, Director for Licensure. (complaints concerning any of the 58 North Carolina Community Colleges can also be submitted directly to the office of the Senior Vice President, Programs and Student Services/Chief Academic Officer for the North Carolina Community College System, Dr. Lisa M. Chapman, by any of the following methods: MAIL: 5016 Mail Service Center, Raleigh, NC 27699-5016; FAX (919)-807-7173; PHONE: (919) 807-7096; E-MAIL: chapmanl@nccommunitycolleges.edu)

Person Filing Complaint

Last Name: ______________________ First: ______________________
Address: ______________________________________________________
City: ______________________ State: _____ Zip: __________
Phone Number: ___________ Email: ____________________________

☐ CHECK THIS BOX IF YOU WANT TO REMAIN ANONYMOUS.

Information About the Institution Your Complaint is Against

Name of School: ____________________________________________
Address: __________________________________________________
City: ______________________ State: _____ Zip: __________
Website: ______________________ Telephone: __________________

Enrollment Information

Student Name While Enrolled: ________________________________
Name of Degree Program: __________________________________
Enrollment Dates: __________________________________________

Student Status: ☐ Currently Enrolled ☐ Withdrawn ☐ Terminated ☐ Graduated

☐ None of the Above
Graduation or Expected Graduation Date: ________________________________

Details of Complaint

Please provide details of your complaint. Include dates, persons, and any pertinent information necessary to resolve your complaint. Use additional pages if necessary.

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Have you attempted to resolve this matter with the institution? Yes ☐ No ☐

If yes, with whom did you speak to?

Name: ________________________________________________________________

Contact Number: _____________ Date of Communication: ________________

What were the results of this communication? Use additional pages if necessary.

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What is your desired outcome? Use additional pages if necessary.

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