



CENTRAL ALABAMA COMMUNITY COLLEGE
STUDENT COMPLAINT FORM

Complainant _____

Address _____

City	State	Zip Code
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Phone _____ Alternate Phone _____

E-mail _____

Campus _____

Address _____

City	State	Zip
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Phone Number _____

Program of Study _____

Last Date of Attendance _____

Is this an academic matter?

No

Please continue with this form.

Yes

If yes, stop here and refer back to the College's Academic Appeals process. Please exhaust all steps in the process before filing a complaint with the Dean of Students.

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 Central Alabama Community College permission to release my name and complaint details to individuals investigating the complaint.

Signature of Complainant

Date

This form may be submitted to the Office of Dean of Students on the Alexander City campus or e-mail to jcarroll@cacc.edu.