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 _____________________