



## Student Complaint Form

To file a complaint concerning one of the 16 colleges in the South Carolina Technical College System, please fill out and email this form to [browne@sctechsystem.edu](mailto:browne@sctechsystem.edu) or mail it to the address listed below to the attention of Dr. Eric Brown, Associate Vice President for Student Affairs.

### Person Filing Complaint

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ 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 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Student Status:  Currently Enrolled  Withdrawn  Terminated  Graduated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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