

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1153.A**

CONSUMER COMPLAINT FORM

NATURE OF COMPLAINT (CHECK ONE): **FINANCIAL ASSISTANCE PROGRAMS**
 ACADEMIC PROGRAMS

STATEMENT OF COMPLAINT: (Be as detailed and specific as possible including dates and/or names.)

Signature

Date

Name: _____

Mailing Address: _____

Daytime Phone: _____

NOTE: COMPLAINT MUST BE SIGNED BEFORE IT MAY BE PROCESSED.

PROCEDURES FOR FILING COMPLAINTS ARE DETAILED ON PAGE TWO.

PROCEDURES FOR FILING COMPLAINTS

1. Complete all sections of this form.
2. Sign and date.
3. Return the completed form in a sealed envelope marked “**CONFIDENTIAL.**”
4. Complaints pertaining to financial assistance programs are to be returned to:

Vice President for Enrollment Management and Student Development
Southern West Virginia Community and Technical College
P.O. Box 2900
Mount Gay, West Virginia 25637

Complaints pertaining to academic programs are to be returned to:

Vice President for Academic Affairs
Southern West Virginia Community and Technical College
P.O. Box 2900
Mount Gay, West Virginia 25637

5. For student convenience, you may place the envelope in inter-campus mail.