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.)

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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.