The University of North Carolina
GENERAL ADMINISTRATION
910 RALEIGH RD, CHAPEL HILL, NC  27515-2688
Telephone: (919) 962-4558 • Fax: (919) 962-7139 • E-mail: studentcomplaint@northcarolina.edu

Student Complaint Form

To file a complaint concerning a postsecondary institution offering degree programs in North Carolina, please fill out and email this form to studentcomplaint@northcarolina.edu or mail it to the University of North Carolina General Administration at the address listed above to the attention of Terrence Scarborough, Director for Licensure. (complaints concerning any of the 58 North Carolina Community Colleges can also be submitted directly to the office of the Senior Vice President, Programs and Student Services/Chief Academic Officer for the North Carolina Community College System, Dr. Lisa M. Chapman, by any of the following methods: MAIL: 5016 Mail Service Center, Raleigh, NC 27699-5016; FAX (919)-807-7173; PHONE: (919) 807-7096; E-MAIL: chapmanl@nccommunitycolleges.edu)

Person Filing Complaint

Last Name: ___________________________  First: ___________________________

Address: ___________________________

City: ___________________________  State: _____  Zip: ___________________________

Phone Number: ________________  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 Degree Program: ___________________________

Enrollment Dates: ___________________________

Student Status: ☐ Currently Enrolled  ☐ Withdrawn  ☐ Terminated  ☐ Graduated

☐ None of the Above
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.

_________________________________________________________________