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Student Status: ☐ Currently Enrolled  ☐ Withdrawn  ☐ Terminated  ☐ Graduated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

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

____________________________________

What is your desired outcome? Use additional pages if necessary.