

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 ratliffc@sctechsystem.edu or mail it to the address listed below to the attention of Dr. Crystal Ratliff, Associate Vice President for Student Affairs.

Person Filing Complaint

Last Name:	Firs	t:		
Address:				
			Zip <u>:</u>	
Phone #:	Email:			
	BOX IF YOU WANT TO F	REMAIN ANON	YMOUS.	
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	n About the Instituti			
Name of School:				
Address:				
City:		State:	Zip:	
Website:		Telephone	;	
	Enrollment	<u>Information</u>		
Student Name While Er	nrolled:			
Name of Program:				
Enrollment Dates:				
Student Status: □ Curr	ently Enrolled ☐ Withdr	awn 🗆 Termin	ated Graduated	
☐ None of the Above				
Graduation or Expected	I 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 \square No \square				
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.				