#### Alabama's TWO-YEAR INSTITUTIONS of Higher Education

### **Student Complaint Process**

In 2015, the Alabama Legislature vested oversight of the state's public two-year institutions of higher education (known as the Alabama Community College System (ACCS)) with the Alabama Community College System Board of Trustees. The Alabama Legislature further directed the Board of Trustees to delegate to the System's Chancellor the authority to act and make decisions concerning the management and operation of the community and technical colleges. The Chancellor is assisted in these duties by the staff of the System Office, formerly known as the Alabama Department of Postsecondary Education. Consumer and student complaints that are not resolved at the institutional level are thus arbitrated at the state level by the ACCS System Office.

The ACCS is committed to respecting and supporting the work of its member institutions and to providing a quality educational experience for all students. The objective of the student complaint process is to ensure that the concerns and complaints of students are addressed fairly and are resolved promptly. The Alabama Community College System requires each institution to establish its own procedures to address student grievances and complaints. A student must exhaust his/her rights under the institution's official complaint/grievance policy before advancing any complaint to the System Office of Alabama Community College System. Students may file consumer/student complaints with the Alabama Community College System by following these procedures:

a) If, after exhausting all available institutional processes, a student's complaint remains unresolved, the student may appeal to the Alabama Community College System using the System's official Student Complaint Form, which is contained in this document and also available online at the ACCS website (<a href="www.accs.cc">www.accs.cc</a>). Students may submit completed complaint forms by printing the form, signing it, and then either (1) scanning it and e-mailing it to <a href="mailto:complaints@accs.edu">complaints@accs.edu</a> or (2) mailing it to:

Alabama Community College System
Attention: Office of the Vice Chancellor for Instructional and Student Services
P.O. Box 302130

Montgomery, AL 36130-2130

- b) The Vice Chancellor for Instructional and Student Services or an appropriate administrator designated by the Vice Chancellor will investigate the complaint within 30 days of receipt.
- c) The institution which is the subject of complaint has 30 days to provide a written response to questions and/or concerns raised during the investigation. Such response may or may not contain a resolution.
- d) The Vice Chancellor or designated administrator will adjudicate the matter and write a report or letter to the institution and student detailing corrective action, if any is necessary, or stating that the school has no violation of policies.
- e) If corrective action is needed the institution will have 30 days to comply or develop a plan to comply with the corrective action.
- f) The System Office will monitor the institution's compliance to ensure the completion of any required corrective action.

## **ALABAMA COMMUNITY COLLEGE SYSTEM**

## STUDENT COMPLAINT FORM



| Complainant                       |                      |                   |                     |   |
|-----------------------------------|----------------------|-------------------|---------------------|---|
| Address                           |                      |                   |                     |   |
| City                              |                      | State             | Zip Code            |   |
| Phone                             |                      | _ Alternate F     | Phone               |   |
| E-mail                            |                      |                   |                     |   |
| Institution Name                  |                      |                   |                     |   |
| Address                           |                      |                   |                     |   |
| Phone Number                      | City                 |                   | State               | Zip   |
| Program of Study                  |                      |                   |                     |   |
| Last Date of Attendance           | e                    |                   |                     |   |
| Did you follow the Inst           |                      |                   |                     |   |
| □ No                              |                      |                   |                     |   |
| •                                 | plaint/grievance pro | -                 | =                   | . Please exhaust all steps<br>he System Office of the |
| ☐ Yes                             |                      |                   |                     |   |
| Please continue with th           | is form.             |                   |                     |   |
| How did you contact the possible. | ne Institution? Plea | ase specify who v | was contacted and c | on what date(s), if                                   |
| ☐ Phone Call                      |                      | Da                | te                  |   |
| ☐ In Person                       |                      | Da                | te                  |   |
| ☐ Letter                          |                      | Da                | te                  |   |
| ☐ E-mail                          |                      | Da                | te                  |   |
| □ Other                           |                      |                   |                     |   |
|                                   |                      |                   |                     |   |

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| What outcome did you seek from the Institution?  |                   |
|--|-------------------|
|  |                   |
|  |                   |
|  |                   |
| Have you contacted another agency or organization about the matter?  |                   |
| □ Yes  |                   |
| □ No   |                   |
| If yes, please give name of agency.  |                   |
| Have you contacted an attorney?  |                   |
| □ No   |                   |
| □ Yes  |                   |
| If yes, please give name of attorney.  |                   |
| <b>etc.</b> Use additional paper/space as necessary. Attach any documentation which problem and substantiate your allegations, such as an enrollment contract, correfrom the institution, etc. Do not submit original documents as they may not be referred. | spondence with or |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |
| Certification  |                   |
| I certify that the above information is true and correct to the best of my knowled permission to release my name and complaint details to the System Office invest institution for response.   | -                 |
| Signature of Complainant   | Date              |

Also complete the following FERPA Consent Form and mail both forms to: Alabama Community College System, Attention: Office of the Vice Chancellor for Instructional and Student Services, P.O. Box 302130, Montgomery, AL 36130-2130 or e-mail to <a href="mailto:complaints@accs.edu">complaints@accs.edu</a>.

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# FERPA (Federal Educational Rights and Privacy Act) CONSENT TO RELEASE STUDENT INFORMATION

| 1,  | , am a student at, or a                     |
|---|---|
| former student of,                            |   |
| (institution). I have submitted a complain    | t concerning the above institution to the   |
| Alabama Community College System.             |   |
| I hereby consent to the institution's release | e of any of my educational records,         |
| including personally identifiable informati   | ion that the institution determines is      |
| relevant and necessary to provide to the A    | CCS System Office in response to my         |
| complaint. I also authorize representative    | s of the institution to discuss the details |
| of my complaint with representatives of the   | ne ACCS System Office.                      |
|   |   |
|   |   |
| Signature                                     | Date  |