



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

Constituent Universities
Appalachian State
University

East Carolina
University

Elizabeth City
State University

Fayetteville State
University

North Carolina
Agricultural and
Technical State
University

North Carolina
Central University

North Carolina
State University
at Raleigh

University of
North Carolina
at Asheville

University of
North Carolina
at Chapel Hill

University of
North Carolina
at Charlotte

University of
North Carolina
at Greensboro

University of
North Carolina
at Pembroke

University of
North Carolina
at Wilmington

University of
North Carolina
School of the Arts

Western Carolina
University

Winston-Salem
State University

Constituent High School
North Carolina
School of Science
and Mathematics

An Equal Opportunity/
Affirmative Action
Employer

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Student Status: Currently Enrolled Withdrawn Terminated Graduated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

Graduation or Expected Graduation Date: _____



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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.

