

# COWLEY COLLEGE STUDENT COMPLAINT FORM

## Complainant Information

\*All fields are required

Please note that the Cowley College Board of Trustees cannot act on anonymous complaints.

**Name of Complainant:** \_\_\_\_\_

**Circle the role the best identifies your relationship with Cowley College.**

Current Student          Previous Student          Parent of Student under 18

Other

**Address (City, State, Zip Code)**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Dates of Complaint:** \_\_\_\_\_

**Have you gone through Cowley College's formal complaint process?**

Yes          No

If you answered "Yes", please submit documentation showing that you have exhausted your appeals at the institutional level. Please see below on how to send in such documents.

If you answered "No", please explain in your detailed complaint description below why you were unable to complete the complaint process. Note that the Board will normally only address complaints after a student has exhausted his/her appeals at the college or university level.

Please describe your complaint in detail, including the names of any college or university faculty or staff you spoke to about the complaint.

Please give titles and contact information for the individuals (if any) you mentioned above.

**How would you like your complaint to be addressed? (Please note that the Board cannot, by law, review complaints related to course grades, academic sanctions or discipline/conduct matters.)**

Will you be submitting additional documentation (such as e-mails from school officials, transcripts, course syllabi, contracts, brochures, catalogs and/or tuition bills) that substantiates your complaint?

Yes

No

Please send copies of any documents that support your above complaint and/or show that you have gone through your institution's complaint procedure to:

Cowley College Board of Trustees

ATTN: Complaints

125 S 2<sup>nd</sup> St, P.O. Box 1147

Arkansas City, KS 67005

By submitting this form, I affirm that I am a current or former student of the institution named above or the parent or guardian of a current or former student of that institution who is currently under age 18 and/or under my legal guardianship. I agree to allow the Cowley College Board of Trustees to submit a copy of my complaint and supporting materials to the above-named institution for a response, as well as to the state agency responsible for complaints in the state in which the institution is located or in which I live if not Kansas. I further authorize the institution to transmit student records related to me or to the individual(s) under my guardianship affected by the institution's actions to the Board for review. I understand that I may have to submit an information release form to the institution. Additionally, I recognize that my complaint may be subject to Kansas Open Records Act (KORA). I certify that the information I have provided to the Board is complete, true, and correct to the best of my knowledge and belief.

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Printed Name (Student) \_\_\_\_\_ Date \_\_\_\_\_

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Student Signature \_\_\_\_\_ Legal Guardian Signature (If student is under 18) \_\_\_\_\_