



3825 Ridgewood Road ♦ Jackson, MS 39211 ♦ Phone (601) 432-6372 ♦ www.mississippi.edu/mcca/

STUDENT COMPLAINT FORM

Student Information

Full Name <i>(clearly printed)</i>		Phone:
		Email:
Address		
City	State	Zip

School Information

School Name					
School Address					
School City		State		Zip	
Name of Program:		Program Start Date:		Program End Date:	
Degree Level <i>(check)</i> :	Associate	Baccalaureate	Master	Doctoral	Other
Current Status <i>(check)</i> :	Attending	Graduated	Terminated/Withdrawn	Other	
Last Date of Attendance:					

Complaint Information

Student must have exhausted all available complaint/grievance procedures established by the institution.

Date(s) of occurrence: _____

Did you follow the school's complaint/grievance procedure to resolve matter with the institution?
 Yes No

Whom did you contact? _____ Date contacted: _____
(Continue on separate sheet if necessary.)

Provide a detailed description of your claim and what steps you have taken to resolve the complaint. Specify pertinent dates, times, and full names of all involved, as well as the actions taken by both the student and the institution to resolve the matter. Attach additional pages, if necessary, along with legible copies of all relevant documentation. Indicate how you would like to see the matter resolved.

By signing and submitting this complaint, you are giving the Mississippi Commission on College Accreditation (MCCA) permission to contact school officials and other agencies and persons about your complaint.

The information given in this complaint is true and accurate to the best of my knowledge

Signature: _____ Date: _____