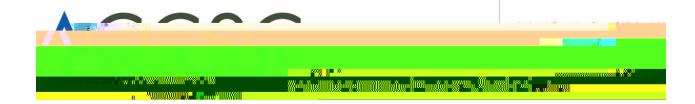


ACCSC COMPLAINT FORM

Thank you for contacting the Accrediting Commission

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ACCSC COMPLAINT FORM

Complainant Name:		
Address:		
City:	State:	Zip Code:
Telephone Number:		
E-mail Address:	Name of Program:	Start date:
School Name:		
School Address:		
School City:	State:	Zip Code:
Telephone Number:		

INSTRUCTIONS

- 1. Please review this form in its entirety. For further information on ACCSC's procedures for handling complaints, please visit the Commission's website at www.accsc.org.
- 2. Please attach a statement describing the nature of the complaint. The statement should include a description of the events or circumstances upon which the complaint is based and the names and titles (if any) of the individuals involved. If available, please include copies of any documents or materials that support the allegations set forth in the complaint. Please note that ACCSC will only process complaints that reasonably show that a school may not be in compliance with accrediting standards or requirements.

STATEMENT GRANTING PERMISSION TO FORWARD COMPLAINT TO SCHOOL

I certify that the information I have provided is correct to the best of my knowledge and hereby grant the Commission permission to forward the complaint to the school for a response.

Signature:	Date
Signature.	Date

The response and the complaint will be kept on file for future reference.

SUBMIT TO: Executive Director

Accrediting Commission of Career Schools and Colleges

2101 Wilson Boulevard, Suite 302 Arlington, Virginia 22201

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