

**State Authorization Reciprocity Agreement
Northwest Mississippi Community College
Student Complaint Form**

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip:

Primary daytime phone number:

Alternate daytime phone number:

Email address:

Preferred method of contact: Phone

Email

I am submitting a complaint against

located in Mississippi.

Institution Location – City:

Did you use a different name at the time of enrollment?

If yes, please provide.

Name of program of study:

Program start date:

Program end date:

Current enrollment status:

Currently attending above institution: Yes No

Last date of attendance:

Graduated:

Withdrew/terminated:

Other:

Complaint information

Student must follow the institutional complaint process provided by the college or university before submitting a complaint to the Mississippi Commission on College Accreditation (MCCA). Did you submit a complaint to the institution according to their complaint policy? Yes No

Please keep a copy of your submission for your records.

Revised 2/2/2021

Please describe your complaint in detail, including the nature of the incident, dates and names of individuals involved and institutional employees with whom you have discussed your complaint. You may submit on a separate document.

How would you like to see your complaint resolved? For example, do you want a refund of tuition or to repeat a class?

I certify that the information provided on this form is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Download this form and then fill it out. Save it and send it back to ppjohnson@northwestms.edu.