

# Complaint Form

## Pierpont Community & Technical College

Date: \_\_\_\_\_

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Name of Person Filing Complaint: \_\_\_\_\_

Role:  Student  Faculty/Staff  Other: \_\_\_\_\_

If Other and filing on behalf of a student, do you have a FERPA Release?  Yes  No

Telephone: \_\_\_\_\_ Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Email: \_\_\_\_\_

Type of Complaint: *One form per type of complaint.*

Academic	Customer Service		
Discrimination	Grade	Harassment	Student Conduct

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Describe in detail the nature of the complaint. If applicable, provide dates and names of specific individuals involved. If you are a student, faculty or staff member please include your R# in this section.

Describe in detail, the desired outcome.

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**RETURN COMPLETED FORM TO THE PIERPONT OFFICE OF STUDENT SERVICES, SUITE 200 ADVANCED TECHNOLOGY CENTER, 500 GALLIHER DRIVE, FAIRMONT, WV, 26554 OR SEND VIA EMAIL TO [academicaffairs@pierpont.edu](mailto:academicaffairs@pierpont.edu).**

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