



Cloud County Community College Complaint Form

(All Fields are Required)

Email completed form to complaint@cloud.edu

Please note that the College is not obligated to act on anonymous complaints.

Name of the complainant: _____

Affiliation with Cloud County Community College:

_____ Current Student _____ Former Student _____ Employee _____ Other

_____ Parent or Guardian of current/former student (for students under 18)

Address (number, street, and apartment number): _____

City, State, Zip Code: _____

Preferred phone: _____ E-Mail Address: _____

How do you prefer to be contacted? _____ Phone _____ E-Mail

If College staff members need to contact you via phone, may they leave a phone message, voicemail, or text? _____ Yes _____ No

College Campus

_____ Concordia Campus _____ Geary County Campus _____ Other

Within this document or on a separate paper, please describe your complaint in detail, including the names of any college faculty or staff you spoke to about the complaint and any witnesses regarding the complaint.

Please e-mail this form and any supporting documents to complaint@cloud.edu or mail them to the Compliance Coordinator, Cloud County Community College, 2221 Campus Dr., Concordia, KS 66901.

Signature

Date

Printed Name

College ID Number

Date approved: _____