COMPLAINT FORM

OFFICE OF THE REGISTRAR/VETERANS AFFAIRS
POST OFFICE BOX 8104 □ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 □ (803) 536-7185 □ FAX: (803) 536-8602

___Student ___Faculty___Staff____Alumni___Parent___Other

Please Print Clearly:

Campus Wide ID	Name (Last, First, M.I.)	Home Telephone
Email Address	Mailing Address (Street, City, State, Zip)	Cell Telephone
Signature (**Required**)		Date

Services Requested? Please mark all boxes that apply:

□ Academic Records/Grades □ Graduation □ Registration □ Transcripts □ Re-ordering Diploma
□ Enrollment Verifications □ Veterans Affairs □ Veterans Certification
□ Academic Review Board □ Enrollment Verification □ Other (please explain)_____

Please describe the nature of your complaint:

Please turn to the back for additional comments

For Office Use Only - Action Taken:_____

Reviewed by:_____ **Title**_____ **Date:**_____

Please describe the nature of your complaint - Continued: