



# 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: \_\_\_\_\_

