

**State Authorization Reciprocity Agreement
North Carolina (SARA NC)
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 North Carolina.

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 State Portal Agency (NCSEAA). Did you submit a complaint to the institution according to their complaint policy? YES NO

Please submit documentation that you have exhausted your appeals with the institution. You should include documentation that you submitted to the institution regarding your complaint and any letters from the institution documenting its final decision regarding your complaint. Documentation should be submitted by U.S. Mail to: SARA North Carolina Director, NCSEAA, PO Box 41349, Raleigh, NC 27629 or email to complaint@saranc.org.

Please keep a copy of your submission to NCSEAA for your records.

Revised 2/2/24

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. By submitting this form, I understand that I am granting permission to the NCSEAA as the State Portal Entity and members of the SARA North Carolina Advisory Council to contact institution officials to discuss my complaint and a possible resolution.

Signature: _____

Date: _____