



STUDENT COMPLAINT FORM

Students who attend a college that is part of the Wisconsin Technical College System (WTCS) can file complaints at the state level in three categories defined by the United States Department of Education:

- Complaints that allege violations of Wisconsin consumer protection laws, including but not limited to false advertising;
- Complaints that allege violations of Wisconsin laws related to the licensure of postsecondary institutions; or
- Complaints relating to the quality of education or other State or accreditation requirements.

A student who reasonably believes that a violation has occurred in one or more of these categories may file a written complaint. Complaints must be signed by the student and submitted on the official Student Complaint Form.

Complaints must be filed within one year from the date of the alleged violation or the last recorded date of attendance, whichever is later. The WTCS will review complaints **only after** students attempt to resolve the matter through applicable college appeals or complaint processes.

By signing and submitting a complaint form, you consent to WTCS and/or the college's disclosure of any protected or confidential information that may be needed to review, investigate and/or resolve your complaint, including referring complaints to another organization with jurisdiction and authority over the issue. You also agree to provide requested information and/or respond to questions about the complaint; failure to provide requested information or respond to questions about the complaint may result in the WTCS dismissing the complaint.

Send the completed and signed form (including copies of pertinent documents related to your complaint) to complaints@wtcsystem.edu or by mail to:

Wisconsin Technical College System
Attn: Student Complaint Resolution
4622 University Avenue, PO Box 7874
Madison, WI 53707-7874.

Notice: Under the Wisconsin Public Records Law, Wis. Stats., Ch. 19, any record or document that is part of the complaint review may be subject to disclosure upon request by a member of the public upon conclusion of WTCS action on the complaint, unless specifically exempt under law.

Complainant Contact Information

Last Name			First Name			Middle Name		
Street Address								
City			State			Zip Code		
Telephone Number ()					Email Address			
College the Complaint is About					Month and Year Last Attended			

Complaint Information

1. Have you followed the college's appeals or complaint processes to resolve your complaint? Yes No

Please note that the WTCS will only investigate student complaints **after** the student has completed the college's appeals or complaint processes.

2. Explain the circumstances that led to your complaint. Be as specific as you can about your concerns, including dates and college staff who may be involved. Please attach any additional information or relevant documentation when you submit this form.

3. Describe your efforts to resolve this complaint with the college. Be as specific as you can, including dates, college staff who you talked to about your complaint, and the college's response. Please attach any additional information or relevant documentation when you submit this form.

4. Have you filed this complaint with any other organization(s)? Yes No

If yes, please identify the organization(s) and the outcome.

Verification of Complaint and Consent for Release of Information

The WTCS System Office will use the information you provide as part of efforts to resolve your complaint. The WTCS will only review signed complaints. By signing and submitting this complaint, you consent to WTCS and/or the college's disclosure of any protected or confidential information that may be needed to review your complaint, including referring complaints to another organization with jurisdiction and authority over the issue.

The information given in this complaint is true and accurate to the best of my knowledge and I agree that I will provide any additional requested information or respond to questions from the WTCS related to the review of my complaint. I understand that if I fail to provide requested information or respond to questions, the WTCS may dismiss my complaint.

Student Signature: _____ Date: _____

For questions about completing this form, contact complaints@wtcsystem.edu.