

Transnational Association of Christian Colleges and Schools Complaint Processing Form

I. SUBJECT OF THE COMPLAINT

Indicate the subject of the complaint by checking the appropriate box and completing the required information.

TRACS Member Institution

Name of Institution

Complainant's Relationship to the Institution

Student	Current	Graduate	Alumnus	Other
Faculty Member	Current	Former		
Staff Member	Current	Former		

TRACS Staff Member

Name of TRACS Staff Member

TRACS Accreditation Commission Member

Name of Accreditation Commission Member

II. COMPLAINANT INFORMATION

First Name	Middle Initial	Last Name
Mailing Address		City
State	Zip Code	
Country (if outside of the USA)		
Telephone Number		

Email Address

III. COMPLAINT INFORMATION

State the nature of the complaint as <u>succinctly</u> and <u>clearly</u> as possible. This statement helps staff to determine if the complaint falls within the scope of the TRACS policy on complaints.

Type a summary in the space provided.(limit 600 characters) Attach additional documents as needed.

Briefly describe the details of the complaint in the clearest possible language including any TRACS Standard with which you feel the institution is not compliant or TRACS Policy with which the TRACS Staff Member or TRACS Accreditation Commission Member is in violation.

Type a summary in the space provided.(limit 600 characters	s) Attach additional documents as needed

List the steps you have taken to resolve your complaint, including any institutional complaint or appeals process. Describe the action(s) taken to date and include hard copies of all related correspondence or communications.

Type a summary in the space provided.(limit 600 characters) Attach additional documents as needed

List the documentation that you have included with this complaint. Materials and documentation used to support your complaint should be limited to and directly related to the subject of the complaint.

Type a summary in the space provided.(limit 600 characters) Attach additional documents as needed.

IV. VERIFICATION

By checking the boxes below, the complainant verifies that the following statements are accurate to the best of his / her knowledge. All boxes must be checked in order for the complaint to be processed.

I certify that I am making no comment or accusation for which I am not able to provide full and proper documentation.

I certify that I have completed all institutional complaint and due-process procedures.

I attest that the matter contained in my complaint is not in litigation and is not involved in an administrative proceeding before a State of Federal government agency.

I certify that the matter contained in my complaint does not involve criminal conduct.

I certify that I have read the TRACS Policies and Procedures for Complaints against Member Institutions of TRACS, and agree this form constitutes my formal complaint.

I understand that the TRACS complaint policy is not designed to involve TRACS either as an arbiter in disputes between individuals and member institutions, or as a reviewing authority in individual matters concerning an institution's normal role in the daily functioning of the institution including disciplinary matters or contractual rights.

I authorize TRACS to submit my complaint and/or any documents concerning my complaint to the involved institution.

I hereby certify that all of the information I have given above is true and complete to the best of my knowledge.

I understand that this complaint will not be processed unless all the items above are checked, and I have signed and dated the complaint.

COMPLAINANT'S SIGNATURE:

DATE: