**Texas Workforce Commission**
**Career Schools and Colleges**

# Student Complaint Form

**Please mail this form or email when completed to:**

**TWC Career Schools and Colleges 101 East 15th Street, Room 226T Austin, Texas 78778-0001**

**HelpDesk:** career.schools@twc.texas.gov

**For TWC Use Only**

Date Received: _____

Date Assigned: _____

Initialed By: _____

## School Information

TWC is responsible for licensing and regulating private postsecondary educational institutions (also known as career schools and colleges), as required under Texas Education Code Chapter 132 and the TWC rules in Texas Administrative Code Chapter 807. To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to Career Schools and Colleges at the address above.

School Number (**TWC Use Only**): _____

School Legal Name (please print): _____

School Physical Address (Street 1): _____

School Physical Address (Street 2): _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Fax Number: _____

Website URL Address:_____

## Student Information

Unless you disclose your name and address, we will not be able to investigate your complaint, and you may use this form as information only. Please provide a copy of your school enrollment agreement, catalog, and copies of any other documents that may help us investigate your complaint. Please do not send the originals of any documentation.

First Name (please print):_____ Middle Name (please print):_____

Last Name (please print):_____

Previous Names Used:_____

Social Security Number:_____ Date of Birth:_____

Telephone Number: _____ Email Address: _____

## Course of Instruction Information

Course Attended:_____

First Day of Attendance:_____ Last Day of Attendance:_____

## Tuition Information

How much tuition have you paid? _____ How did you make the payment?_____

Was the tuition paid for by WIOA? Yes ☐ No ☐

If you obtained loans, please write down the names and account numbers of the loans that were obtained from you.

Loan holder name:_____ Account Number:_____

Additional Loan holder name:_____ Account Number:_____

## School Policy and Witness Information

Have you followed school policy when reporting a complaint? Yes ☐ No ☐

If no, why not?

In your opinion, why was this complaint not resolved at school?

Please write down the names and phone numbers of people who can assist in the complaint investigation and anyone you have communicated your complaint.

| First and Last Name | Title | Relationship | Email Address | Telephone Number |
|---|---|---|---|---|
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## Complaint Details

Please use additional sheets if you need more space.

Is the complaint against a particular person(s): Yes ☐ No ☐

If yes, provide person(s) Name: and Title:

Please describe your complaint as specifically as you can. Include names of people, places, and dates listed:

Please tell us how you would like to see your complaint resolved:

## Certification

By the following I certify that the information given is true and correct as far as I am concerned, and I give permission that my complaint be advanced to the school for a response. Must provide original signature or acceptable electronic signature such as DocuSign. School directors are encouraged to take the Representative Training.

Student Signature:_____

Date:_____