



**Cloud County Community College**

**Complaint Form**

**(All Fields are Required)**

Please note that the College is not obligated to act on anonymous complaints.

Name of the complainant: \_\_\_\_\_

Affiliation with Cloud County Community College:

\_\_\_\_\_ Current Student    \_\_\_\_\_ Former Student    \_\_\_\_\_ Employee    \_\_\_\_\_ Other

\_\_\_\_\_ Parent or Guardian of current/former student (for students under 18)

Address (number, street, and apartment number): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

How do you prefer to be contacted?    \_\_\_\_\_ Phone    \_\_\_\_\_ E-Mail

If College staff members need to contact you via phone, may they leave a phone message, voicemail, or text?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**College Campus**

\_\_\_\_\_ Concordia Campus    \_\_\_\_\_ Geary County Campus    \_\_\_\_\_ Other

Within this document or on a separate paper, please describe your complaint in detail, including the names of any college faculty or staff you spoke to about the complaint and any witnesses regarding the complaint.

Please e-mail this form and any supporting documents to [complaint@cloud.edu](mailto:complaint@cloud.edu) or mail them to the Compliance Coordinator, Cloud County Community College, 2221 Campus Dr., Concordia, KS 66901.

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Signature

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Date

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Printed Name

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College ID Number

Date approved: \_\_\_\_\_