

Financial Aid Office / Complaint Form

Please submit completed form and documentation to:

Vice President of Enrollment Management 221 College Lane Salem, VA 24153

COMPLAINANT INFORMATION

Student Name:	ent Name: ID:		_ ID:	
Home Address:				
City:	State:	Zip: _		
Academic Year:	Term: Fall	Spring IL _	Summer	
Student Status: Currently Enrolled	Not Currently Enrolle	Not Currently Enrolled Academic Suspension		
Academic Level: Freshman Sol	phomore Junior _	Senior	Graduate	
COMPL	AINT/GRIEVANCE INFOR	MATION		
Financial Aid Policy Complaint				
Attach a brief description with details of the conviolated institutional and/or federal financial aid violation(s) referenced in the complaint occurred to and directly related to the reported case. The that the College is in significant violation of the second financial Aid Grievance with a Second financial Aid Grievance with a Second financial aid office grievance satisfactory resolution cannot be reached, the second financial financial financial with the Second financial financia	d policies. Identify the policy ard. Material and documentation evidence should state relevant institutional and/or federal find taff Member sees that meet with staff member tudent shall report the grievance anagement who, if deems it apport fenrollment Management and	nd indicate the time fra in used to support an all it facts and document a incial aid policy(s) refer ir in an attempt to reso the and the result of the propriate, will convene it will include the Director	Ime in which the legation should be limited and support the allegation renced in the complaint. Ive the issue. If a meeting with the staff a committee to hear the or of Human Resources and	
I have read the Student Complaint Pol documentation constitutes my formal given above is true and complete to the	complaint. I hereby cert	ify that all of the i		
Student Signature:			Date:	