

COMPLAINT FORM

For NACCAS Use Only
Ref. # _____

Please complete this form and return it to NACCAS, 3015 Colvin Street, Alexandria, VA 22314.

Name of the Complainant _____

Address of Complainant _____

City, State, Zip Code _____

Telephone Number - Home (____) _____ Work (____) _____

E-Mail: _____

SUBJECT OF COMPLAINT

(Person and institution involved)

Address of the Institution

City, State, Zip Code

What is your relationship to the school/person? (Check only one)

[] Student in the school from _____ to _____.
(Date) (Date)

If a student, have you submitted this complaint to the school's grievance procedure? Yes No

If YES, what is its status? _____

[] Employee in the school from _____ to _____.
(Date) (Date)

[] School Owner, please indicate if your school is accredited and if so, by which accrediting body.

Complaint Form

[] Other (concerned party), please indicate relationship to the institution or person you are filing the complaint against.

COMPLAINT ALLEGATIONS

1. Identify the specific concerns that have led you to file this complaint, including all facts, dates and witnesses. Please use additional pages if needed.

Complaint Form

2. Please list all steps you have personally taken to resolve the problem. (If no steps were taken please indicate that below.)

3. Have you contacted any other agencies regarding the complaint allegations besides the National Accrediting Commission of Cosmetology Arts & Sciences (NACCAS)? If so, please list them below and include individuals and dates contacted wherever possible.

4. Please attach copies of contracts, receipts, fee information, correspondence, affidavits, advertisements, doctor's excuses, and any other documentation needed to verify the information stated in your complaint. **The NACCAS *Rules of Practice and Procedure* require all complaints to be documented before any action can be taken to resolve the complaint**, please review Part 6 of the *Rules*, which refer to the complaint proceedings. These are available at www.NACCAS.org. You may contact (703) 600-7600 but complaints must be in writing.

5. Have you ever filed another complaint against a school accredited by NACCAS? If so, please list below the school(s) involved the date and nature of your complaint and the outcome of your complaint.

NOTICE TO COMPLAINANTS

The NACCAS complaint process is intended as a tool for NACCAS to monitor whether accredited schools are in compliance with NACCAS' accreditation standards. It is not designed or intended as a means for providing individual relief to the person filing the complaint. As detailed in NACCAS' Handbook, NACCAS' Board of Commissioners will not intervene on behalf of individuals in cases of disciplinary action or dismissal, or act as a court of appeals in such matters as admission, graduation, fees, or similar points of issue. If you are seeking relief for personal grievances against the institution identified in your complaint, you are advised to exercise your rights under the institution's internal grievance policy. If you are not satisfied with the results of that process, you may wish to consult with the state regulatory board or agency that licenses the institution concerning your rights under state law and regulations.

CERTIFICATION

I certify that all information contained in this complaint is true and correct to the best of my knowledge. I acknowledge that I have read, and that I understand, the Notice to Complainants above.

Signature of the Complainant

Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In order to resolve this complaint, I understand that the National Accrediting Commission of Cosmetology Arts and Sciences must request information about my personal record (if student or former employee) directly from the institution against whom I am filing the complaint. I, therefore, relinquish my right to confidentiality with regard to this complaint.

Signature of the Complainant

Date
