

**CAYUGA COMMUNITY COLLEGE**

**CONSUMER COMPLAINT**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_  
**Print Name**

**ADDRESS** \_\_\_\_\_  
**Street City State Zip Code**

**PHONE NUMBER** \_\_\_\_\_  
**Home Work Cell**

**SIGNATURE** \_\_\_\_\_

**PLEASE SEE OVER TO COMPLETE**

## CONSUMER COMPLAINT FORM

**Describe specifically your complaint, including whenever possible, dates, names, offices or departments involved in your complaint.**

**Describe any efforts you have made to attempt to resolve the issue or concerns that are included in your complaint. What was the outcome of this effort?**

**What, if any, resolution or outcomes are you seeking as a result of this complaint?**