CAYUGA COMMUNITY COLLEGE

CONSUMER COMPLAINT

DATE____________________________________

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?