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| Texas Workforce Commission logo | **Texas Workforce Commission**  **Career Schools and Colleges**  **General Complaint Form** | | | | | | | | | | | |
| **Please mail this form or email when completed to:**  **TWC Career Schools and Colleges**  **101 East 15th Street, Rm. 226T**  **Austin, Texas** **78778-0001**  **Helpdesk:** [**career.schools@twc.texas.gov**](mailto:career.schools@twc.texas.gov) **c** | | | | | | | | | | **For TWC Use Only** | | |
| Date Received: z  Date Assigned:  Initialed By: | | |
| **School Information** | | | | | | | | | | | | |
| TWC is responsible for licensing and regulating private postsecondary educational institutions (also known as career schools and colleges), as required under Texas Education Code Chapter 132 and the TWC rules in Texas Administrative Code Chapter 807. To help us ensure that we understand your complaint and can respond promptly, please complete this form, and return to Career Schools and Colleges at the address above. | | | | | | | | | | | | |
| School Number (**TWC Use Only**): | | | | | School Legal Name (please print): | | | | | | | |
| School Physical Address (Street 1): | | | | | School Physical Address (Street 2): | | | | | | | |
| City: | | | | | State: | | | | | | ZIP Code: | |
| Telephone Number:  (   ) | | | | | Fax Number:  (   ) | | | | | | | |
| Website URL Address: | | | | | | | | | | | | |
| **Complainant Information** | | | | | | | | | | | | |
| Unless you disclose your name and address, we will not be able to investigate your complaint and you may use this form as information only This form is for the purpose of any party to submit a complaint to Career Schools regarding the operations of a Career School or College subject to regulation under Texas Education Code Chapter 132, with the exception of complaints by students of a Career School or College. Students are to use the Student Complaint form (CSC-401A). Please do not send the originals of any documentation. | | | | | | | | | | | | |
| First Name (please print): | | | Middle Name (please print): | | | | | | Last Name (please print): | | | |
| Physical Address (Street 1): | | | | | | | Physical Address (Street 2): | | | | | |
| City: | | | | | | State: | | | ZIP Code: | | | |
| Telephone Number:  (   ) | | | | | | | Email Address: | | | | | |
| What is your relationship to the school and the program of concern? | | | | | | | | | | | | |
| **Course of Instruction Information** | | | | | | | | | | | | |
| Course of Instruction of Concern: | | | | | | | | | | | | |
| **Witness Information** | | | | | | | | | | | | |
| Have you contacted the school to register your complaint? Yes  No | | | | | | | | | | | | |
| If no, why not? | | | | | | | | | | | | |
| If yes, what actions did the school take in response to your complaint? | | | | | | | | | | | | |
| In your opinion, why was this complaint not resolved at school? | | | | | | | | | | | | |
| Please write down the names and phone numbers of people who can assist in the complaint investigation and anyone you have communicated your complaint. | | | | | | | | | | | | |
| First and Last Name: | | Title: | | Relationship: | | | | Email Address: | | | | Telephone Number:  (   ) |
| First and Last Name: | | Title: | | Relationship: | | | | Email Address: | | | | Telephone Number:  (   ) |
| First and Last Name: | | Title: | | Relationship: | | | | Email Address: | | | | Telephone Number:  (   ) |
| First and Last Name: | | Title: | | Relationship: | | | | Email Address: | | | | Telephone Number:  (   ) |
| First and Last Name: | | Title: | | Relationship: | | | | Email Address: | | | | Telephone Number:  (   ) |
| |  | | --- | | **Complaint Details** |   Please use additional sheets if you need more space. | | | | | | | | | | | | |
| Is the complaint against a particular person(s): Yes  No  If yes, provide person(s) Name:       and Title:  Please describe your complaint as specific as you can. Include names of people, places, and dates listed:  sfsdfsdfsdfdsfsdfdsfsdqfdsfdsf  afdqasfsafsd  dfdsafsqfqwdsf  dsfafdsfdsfdsfdsfdsfdwfwfddsfsdfdsf | | | | | | | | | | | | |
| Please tell us how you would like to see your complaint resolved: | | | | | | | | | | | | |
| **Certification** | | | | | | | | | | | | |
| I hereby certify that the preceding and enclosed information is true and correct to the best of my knowledge and grant permission for the complaint to be forwarded to the school for a response. I understand that my complaint is not confidential and will become a part of public records. Must provide original signature or acceptable electronic signature such as DocuSign. | | | | | | | | | | | | |
| Complaintant Signature:  **X** | | | | | Date:  **X** | | | | | | | |