

**Confidential Complaint Form**

This form is to be completed in its entirety and then mailed or faxed to our association if you have a complaint about an institution’s admission practices that appear to be in violation of NACAC’s *Code of Ethics and Professional Practices*.

**Complaint submitted by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complaint against:**

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaint (attach separate sheets if necessary):

Your complaint will be dealt with in a strictly confidential and professional manner. PACAC does not engage in disputes regarding fees, services rendered, financial misconduct or legal disputes. Our representatives will review your complaint and contact you with further details. In the event you require additional assistance, please contact our Admissions Practices Chair at admission-practices@pacac.org.

In order for PACAC to begin processing your complaint, you must agree to the following by printing and signing your name in the space provided.

* I understand and agree that PACAC must disclose the contents of my complaint to the Member institution complained against, the members of the PACAC Admission Practices Committee and other PACAC directors, officers and appropriate staff.
* I agree to keep this complaint confidential. I agree not to disclose all or any part of any record, document, file, evidence, the recommendation of the Admission Practices Committee or any decision of the Board regarding this complaint. I agree to indemnify and hold PACAC harmless from any claim, damages or inaction that may result from my improper disclosure.
* I declare that the facts stated or attached to this Confidential Complaint Form are true and correct to the best of my knowledge and belief.

AGREED:

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit to**: admission-practices@pacac.org

**Pennsylvania Association for College Admission Counseling**

PO Box 859

Enola, PA 17025

email: info@pacac.org

phone: 570-472-2710

fax: 800-603-8870