**This form is for the purpose of any party to submit a complaint to TWC-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 Record form (CSC 401A). Please call us at phone (512) 936-3100 with questions.**

**DIRECTIONS:**

* **Please complete all of page 1 & 2 of this form, sign it, and mail to: TWC-Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas, 78778-0001; fax it to (512) 936-3111; or email it to** [**career.schools@twc.state.tx.us**](mailto:career.schools@twc.state.tx.us)**. If you wish to confirm receipt, please phone (512) 936-3100. Please submit a copy of any documents that may help us substantiate this complaint. DO NOT SEND ORIGINALS OF ANY DOCUMENTATION. Keep a copy of what you submit for yourself. Complainants must reveal their name, address, and telephone contact information and make themselves available to discuss their complaint, or we will be unable to investigate. Complainants should be aware that their confidentiality cannot be assured. Their complaint will become a part of public records and will be subject to open records requests. Complainants must sign the form to confirm authorize TWC to share their complaint as necessary with the school and others required for investigation.**
* Complainants should be aware that all possible matters of concern or complaint may not be within the jurisdiction of TWC-Career Schools and Colleges to investigate or to influence. If we cannot investigate the complaint, please be assured that we still value the information and may be able to use it in other ways to improve quality of Career Schools and Colleges in Texas.

*Thank you for your assistance in improving the quality of Career Schools and Colleges in Texas.*

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| --- | --- | --- | --- |
| **Your Name (first, last)** | | **Name of School of Concern to You** | |
| **Address** | | **School’s Address** | |
| **City** | | **City** | |
| **State** | **Zip** | **State** | **Zip** |
| **Home Phone** | | **Phone** | |
| **Work Phone** | | **Program of Concern** | |
| **What is your relationship to the school and the program of concern?** | | | |
| **Please list the names and phone numbers of any witnesses or persons who can substantiate your complaint.** | | | |
| **Who else have you contacted regarding this complaint?** | | | |
| **Have you contacted the school itself to register your complaint?**  **Yes** **No**  **If no, why not?** | | | |
| **If yes, what actions did the school take in response to your complaint?** | | | |
| **Please describe your complaint IN DETAIL below, or on at attached document. Please provide a complete, clear statement of your concerns and allegations. For any allegation that you make, please provide specific details that fully describe and substantiate the allegation. Include names of persons, locations, and dates associated with specific actions or statements that were made. If this complaint is against specific person(s), please list their name and title.** | | | |
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**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.**

**Signature Date**

**PLEASE ENSURE ANY ATTACHED STATEMENTS YOU MAKE, ALSO BEAR YOUR SIGNATURE.**

**THANK YOU!**

*Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 226T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to* [*open.records@twc.state.tx.us*](mailto:open.records@twc.state.tx.us) *or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX  78778-0001.*