

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?