



**National Association for  
College Admission Counseling**  
*Guiding the way to higher education*

## 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 *Statement of Principles of Good Practice*.

Inquiry submitted by:

(Your Full Name)

(Date Submitted)

(Mailing Address)

(City, State, Zip)

(Primary Phone)

(Fax)

(Primary Email)

Complaint against:

(Name of Institution)

(Name of Contact)

Complaint:

*(Please provide a brief description of your concerns and attach any relevant correspondence.)*

Your complaint will be dealt with in a strictly confidential and professional manner. NACAC 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 NACAC at 703-836-2222 and inform the operator that you have a complaint.

In order for NACAC 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 NACAC must disclose the contents of my complaint to the Member institution complained against, the members of the NACAC Admission Practices Committee and other NACAC 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 NACAC 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:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\*\*\*\*\**Please Do Not Write Below This Line*\*\*\*\*\*  
**Mail or Fax to: NACAC \* 1050 N. Highland Street \* Arlington, VA \* 22201 \* Fax: 703-243-9375**

*For office purposes only*

Date Received: \_\_\_\_\_  
Potential SPGP Violation \_\_\_\_\_