



# El Paso County Community College District Public Complaint Form

**Contact Information:**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

**Complaint Information:**

Briefly describe the details of the complaint. Include timelines or dates. Attach documentation as necessary.

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**Read, initial, and sign the following items:**

\_\_\_\_ I have read the College Procedure on public complaints and understand how my complaint will be addressed.

\_\_\_\_ I authorize the College to direct my complaint to the appropriate administrator to investigate, which may include interviewing individuals and reviewing documents.

\_\_\_\_ I certify the information I have given to be true and complete to the best of my knowledge.

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

Return this form and documentation to the Office of the Vice President of Research and Development.

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Mail:  
PO Box 20500  
El Paso, TX 79998-0500

Deliver:  
919 Hunter Dr., Building A  
Room 2401  
El Paso, TX 79915

Fax:  
915-831-2412

**Office of the Vice President of R& D telephone number: (915) 831-2355**