HEALTH CAREER COLLEGE
115 Crescent Dr
Pleasant Hill, CA 94523
P: 925 687-9668
F: 925 687-9664
www.healthcareercollege.com

Complaint Form

To File a written complaint against a school official, please fill out the form below and submit to Dr. Nieto in a sealed envelope address to him.

(Please write legibly in ink)

Complaint Against
Name of Employee:
Person Filing Complaint
☐ Check This Box If You Want To Remain Anonymous.
☐ Mr. ☐ Mrs. ☐ Ms. Last Name: First: Middle Intial:
Mailing Address
City: State: Zip:
Home Phone: Cell Phone: Email:
Details of Complaint
Educational Program:
In Detail, Describe Your Complaint, Include Dates, Attach Additional Pages if Needed.

Have you attempted to resolve this matter with the person? Yes No If yes, whom did you speak with, what was the date(s) and the result?
What do you want Health Career College to do for you?
Authorization
DOES HEALTH CAREER COLLEGE HAVE PERMISSION TO SEND A COPY OF THIS COMPLAINT TO THE PARTY YOU ARE COMPLAINING ABOUT? ☐YES ☐NO DOES HEALTH CAREER COLLEGE HAVE PERMISSION TO MEDIATE YOU COMPLAINT OVER THE PHONE? ☐ YES ☐NO YOUR SIGNATURE_____DATE_____
THE FILING OF THIS COMPLAINT DOES NOT PROHIBIT YOU FROM CONCURRENTLY FILING A CIVIL ACTION AND DOES NOT AFFECT YOUR REPAYMENT OBLIGATION UNDER ANY STUDENT LOAN AGREEMENT. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. IF CALLED UPON, I WILL ASSIST IN THE INVESTIGATION OR IN THE PROSECUTION OF THE SUBJECT OF THIS COMPLAINT OR OTHER INVOLVED PARTIES, AND WILL, IF NECESSARY, SWEAR TO A COMPLAINT, ATTEND ANY HEARING AND TESTIFY TO FACTS. I FURTHER AUTHORIZE THE BUREAU AND ITS OFFICIAL REPRESENTATIVES TO ACCESS MY STUDENT RECORDS. YOUR SIGNATURE_____DATE_____