ACCREDITING COMMISSION FOR COMMUNITY AND JUNIOR COLLEGES (ACCJC)

Western Association of Schools and Colleges

10 Commercial Blvd., Suite 204, Novato, CA, 94949
Tel: (415) 506-0234 Fax: (415) 506-0238
Website: www.accjc.org

ACCJC Complaint Form

Please Print Clearly

COMPLAINANT INFORMATION

Full Name: Paul Macchia

Street Address: P.O. Box 16341

City, State, Zip Code: San Francisco, CA. 94116

Home Phone:	**Work Phone:**
Cell Phone: (415) 480-9077	**Email:** bishops.points@gmail.com

How do you prefer we contact you (select from options below)**:**

Home Phone: ☐	**Work Phone:** ☐	**Cell Phone:** ☒	**Email:** ☐

Status in Relation to the Institution (select one below)**:**

Student: ☒ **Faculty:** ☐ **Staff:** ☐	**Other:** ☐ (describe)**:** Former student.

Current student status of complainant, if applicable (select one below)**:**

Enrolled: ☐ **Graduated:** ☒ **Staff:** ☐ **Terminated:** ☐ **Probation/Suspension:** ☐	**Other:** ☒ (describe)**:** . I passed the class, but not my internship.

INSTITUTION INFORMATION

Institution Name: City College of San Francisco

Institution Address (if known)**:** 50 Phelan Ave.

City: San Francisco	**State:** CA	**Zip Code** (if known)**:** 94112

COMPLAINT INFORMATION

1. State the basic nature of your complaint as succinctly and clearly as possible. This statement helps Commission staff determine if your complaint falls within the scope of the ACCJC's Policy on Student and Public Complaints Against Institutions (Complaint Policy).

My teacher became involved in a cover-up related to my internship and a state investigation by EMS Authories which concluded in her lying and sabotaging my internship.

2. Briefly describe the details of your complaint in the clearest possible language. Indicate the time frame in which the events described in the complaint occurred.

In 2010 and 2011 during my paramedic internship through the CCSF program and San Francisco Fire Department, I witnessed my paramedic preceptor and his paramedic partner break numerous laws including assaulting a non-violent patient who was restrained to a gurney as well as taking pictures of in-coherent patients. The prior preceptor from the same fire station was incompetent and was not trained properly to precept.

3. List the steps you took to resolve the complaint, including relevant grievance and appeals policies and processes you followed at the institution. Describe the action the institution has taken to date, and include copies of all correspondence between you and the institution.

I contacted numerous organizations including the school's accreditation, Co AEMSP for that specific program. I contacted the San Francisco Fire Department, the Mayor, EMS Authority, Government Officials, numerous Deans at CCSF. No resolution occurred. See attached documents.

4. Did you follow the institution's grievance procedure to resolve your complaint? Yes: ☒ **No:** ☐

4a. Who did you contact? Dean Samuel Santos, CCSF Trustee Bob Agrella

5. Have you filed this complaint with another organization? Yes: ☒ **No:** ☐

5a. Organization's Name: Co AEMSP, EMS Authority, San Francisco Fire Department, Governor Brown, Senator Feinstein and Senator Boxer, ACLU, etc.

6. List the documentation that you have included with the complaint. Materials should be limited and directly supportive of your case.

Sent to you in a zip file via email.

7. Clearly state the resolution you are seeking from the Institution.

Full reimbursement of all fees, school tution, internship fee of $1,825.00, student loan and the resignation of the Paramedic Teacher, Megan Corry.

This complaint will not be processed unless all items below are checked, all applicable sections of this form have been completed and you have signed the Complaint Form. Please acknowledge awareness that:

☒ I have read the ACCJC Complaint Policy and agree that this form constitutes my formal complaint.

☒ As stated in the ACCJC Complaint Policy, I understand the ACCJC:

1. ☒ does not intervene in the internal procedures of institutions or act as a regulatory body;

2. ☒ is not an adjudicatory or grievance-resolving body; and

3. ☒ will not serve as a grievance panel when the outcome of a grievance is unsatisfactory to the complainant.

The information given in this complaint is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

ACCJC Use Only.
Date Received: