**STUDENT COMPLAINT FORM**

This form may be used by a student of a private postsecondary educational institution, distance education, or proprietary school located in Idaho to file a complaint against the institution or proprietary school. Prior to filing a complaint with the Idaho State Board of Education (SBOE), the student must have first exhausted the institution or school’s internal complaint resolution process. If a complaint involves a claim of a deceptive or unfair business practice, the student should contact the Office of the Idaho Attorney General.

**Legal authority:** Idaho Code, Title 33, Chapter 24 and IDAPA 08.01.11.

**This form may be submitted by mail or email to:**

Mailing Address: Office of the State Board of Education

State Authorization Program Manager

PO Box 83720

Boise, ID 83720-0037

Email: tamara.baysinger@osbe.idaho.gov

**Please direct questions regarding use of this form to Tamara Baysinger, State Authorization Program Manager for the Idaho State Board of Education, at:**

Phone: 208-332-1587

Email: tamara.baysinger@osbe.idaho.gov

**Please identify the type of institution or school:**

□ Private Postsecondary Educational Institution

□ Distance education

□ Proprietary School

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|  | **INSTITUTION OR SCHOOL INFORMATION** |  |
| **NAME OF INSTITUTION OR SCHOOL** | |
| **ADDRESS PHONE NUMBER** | |
| **CITY STATE ZIP** | |
|  | **STUDENT INFORMATION** |  |
| **LAST NAME FIRST MIDDLE INITIAL** | |
| **MAILING ADDRESS** | |
| **CITY STATE ZIP** | |
| **HOME PHONE DAYTIME PHONE EMAIL** | |
|  | **STUDENT STATUS** |  |
| Currently Attending  Terminated  Graduated  Other | |
| **DATES OF ATTENDANCE:**  Date you started classes: \_\_\_\_\_\_\_\_\_\_\_\_ Last day of attendance: \_\_\_\_\_\_\_\_\_\_\_\_ Did you complete your enrolled program? yes  no | |
| **EDUCATIONAL PROGRAM** | |
|  | **DETAILS OF COMPLAINT** |  |
| **DESCRIBE YOUR COMPLAINT. ATTACH ADDITIONAL PAGES IF NECESSARY.** | |
| **ATTACH COPIES OF ALL RELEVANT DOCUMENTATION RELATED TO YOUR COMPLAINT, INCLUDING DOCUMENTATION RECEIVED FROM THE INSTITUTION OR SCHOOL REGARDING THE COMPLAINT.** | |
| **DESCRIBE HOW YOU WOULD LIKE TO SEE THE COMPLAINT RESOLVED, INCLUDING AN EXPLANATION OF WHY THE REMEDY YOU ARE SEEKING IS APPROPRIATE. ATTACH ADDITIONAL PAGES IF NECESSARY.** | |
| **WHO AT THE INSTITUTION OR SCHOOL HAVE YOU CONTACTED ABOUT THIS MATTER? INCLUDE NAME(S), TITLE(S), PHONE NUMBER(S) AND A BRIEF SUMMARY OF THE DISCUSSIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.** | |
|  | |
| **HAVE YOU** OR **DO YOU INTEND TO FILE A COMPLAINT WITH ANY OTHER ENTITY REGARDING THIS MATTER? (Idaho Attorney General, Better Business Bureau, US Department of Education)** yes  no  **IF YES, PLEASE INCLUDE INFORMATION BELOW** | |
| **NAME OF ENTITY CONTACT PERSON** | |
| **DATE OF COMPLAINT STATUS OF COMPLAINT** | |
| **ARE YOU REPRESENTED BY A PRIVATE ATTORNEY IN THIS MATTER?** yes  no  **IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:** | |
| **NAME OF ATTORNEY ADDRESS** | |
|  | **AUTHORIZATION** |  |
| I understand that I should contact a private attorney if I have any questions about my legal rights and responsibilities or if I need legal assistance with this matter. If I have hired a private attorney to represent me in this matter, I agree to allow SBOE to contact my attorney if necessary.  I understand that this completed form, including my responses and attached documents, may be forwarded to the institution or school against whom the complaint is directed, and to other individuals or agencies as appropriate.  I understand that once I send a complaint form or any other documents to SBOE, the documents may become public if requested under the Idaho Public Records Law.  I consent to the release of any and all of my student records from (insert name of institution or school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to SBOE for purposes of investigating my complaint.  I certify that all the information provided on this form is true and correct to the best of my knowledge.  **SIGNATURE**  **PRINTED NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |