

Proprietary School and Private Postsecondary Institution Student Complaint Form

The state of Idaho requires proprietary schools and private postsecondary institutions to register with the Idaho State Board of Education. Students of these schools and institutions may escalate complaints to the State Board of Education if they are unable to achieve resolution through the school's or institution's grievance process.

This form may be used by a student of a proprietary school or private postsecondary educational institution located in Idaho. Prior to filing a complaint with the Idaho State Board of Education, the student must have first exhausted the school or institution's internal complaint resolution process.

IS THIS THE RIGHT FORM FOR YOU?

This is the right form for you if:

- ✓ Your complaint is regarding a proprietary school located in the State of Idaho, OR
- ✓ Your complaint is regarding a private postsecondary college or university located in the state of Idaho, OR
- ✓ Your complaint is regarding an out-of-state public college or university with a campus located in the state of Idaho.

This is NOT the right form for you if:

- ✗ Your complaint is regarding an elementary, middle, or high school. This includes public, charter, and private schools serving grades K – 12. (You should contact the State Department of Education at 208-332-6800.)
- ✗ Your complaint is regarding an Idaho public university or community college. (You should contact our Student Affairs Program Manager at 208-332-1574.)

Instructions:

1. Make sure you have exhausted your school or institution's grievance or complaint resolution process.
2. Complete the fillable form fields below. The form functions best using Adobe Reader (available free online). You may also print the form and complete it by hand.
3. Attach any documentation supporting your complaint.
4. Sign the authorization page at the end of the form.
5. Submit your completed form and attachments to tamara.baysinger@osbe.idaho.gov or them mail to:

Idaho State Board of Education
Attn: State Authorization Program Manager
PO Box 83720
Boise, ID 83720-0037

Please direct any questions to Tamara Baysinger, State Authorization Program Manager, at (208) 332-1587 or tamara.baysinger@osbe.idaho.gov.

Please note: Upon receipt of your complaint, our office will determine whether it falls within the regulatory authority of the State Board of Education. If it does, our office will notify both you and the school or institution of the complaint resolution process to be utilized and applicable timelines. Both parties may be asked to participate in our investigation through interviews, documentation, etc. Complaints alleging a violation of Idaho consumer protection laws may be referred to the Office of the Attorney General. Complaints relating to the quality of education or accreditation matters may be referred to the school or institution's accreditation organization.

SCHOOL OR INSTITUTION INFORMATION

NAME OF SCHOOL OR INSTITUTION

ADDRESS OF LOCATION AT WHICH YOU WERE/ARE ENROLLED

PHONE NUMBER OF SCHOOL OR INSTITUTION

STUDENT INFORMATION

FULL NAME (FIRST, MIDDLE INITIAL, LAST)

MAILING ADDRESS - STREET OR PO BOX

CITY, STATE ZIP

PHONE AND EMAIL ADDRESS

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 CORRESPONDENCE EXCHANGED WITH THE SCHOOL OR INSTITUTION 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 PROVIDE INFORMATION BELOW:

NAME OF ENTITY AND CONTACT PERSON

DATE AND STATUS OF COMPLAINT

ARE YOU REPRESENTED BY A PRIVATE ATTORNEY IN THIS MATTER? Yes No

IF YES, PLEASE PROVIDE INFORMATION BELOW:

NAME AND CONTACT INFORMATION (PHONE AND EMAIL) OF ATTORNEY

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 the Idaho State Board of Education (ISBOE) 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 the ISBOE, 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 the school or institution that is the subject of this complaint to ISBOE 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 _____