

Mail completed form and attachments to:  
**Texas Higher Education Coordinating Board**  
Office of General Counsel  
P.O. Box 12788  
Austin, Texas 78711-2788

**STUDENT COMPLAINT FORM**  
(For current, former, and prospective students)

Student Information	
<b>Full Name:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____	
<b>E-mail:</b> _____	
<b>Student Date of Birth:</b> _____ (mm/dd/yyyy)	
Check the applicable box which best describes your status with the institution:  <input type="checkbox"/> Current Student <input type="checkbox"/> Former Student <input type="checkbox"/> Prospective Student <input type="checkbox"/> Other: _____ (describe)	
If you are a current or former student, provide the dates of your enrollment at the institution: From: _____ To: _____*	
<b>*A complaint form must be filed within <u>one year</u> of the student's last date of attendance.</b>	
Program of study at institution: _____	
If you are a former student of the institution, check the box which applies:  <input type="checkbox"/> Graduated <input type="checkbox"/> Terminated <input type="checkbox"/> Withdrew <input type="checkbox"/> Other _____ (describe)	
Institution Information	
<b>Name:</b> _____	
<b>Address:</b> _____	
<b>Phone:</b> _____	

**Complaint Information**

1. Have you exhausted all of the institution's established procedures to resolve your complaint?

Yes\*       No (Your complaint will not be considered until this requirement is met)

**\*Attach to this form documentation of your exhaustion of the institution's grievance procedures, including any final letters of determination issued by the institution, and a copy of the institution's complaint resolution procedure.**

Date you filed complaint/grievance at your institution: \_\_\_\_\_

Date institution's complaint/grievance procedure was concluded: \_\_\_\_\_

2. Have you filed, or do you intend to file, a complaint with any other entity (e.g., institution's accrediting agency, other state or federal agency, etc.) regarding this matter?

Yes\*       No

**\* If "yes," please provide the following information:**

Name of Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Status of Complaint: \_\_\_\_\_

3. Are you represented by an attorney in connection with the matter that is the subject of this complaint?  Yes\*       No

**\* If "yes," please provide the following information:**

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

4. Are you participating, or have you participated, in any judicial proceedings in connection with the matter that is the subject of this complaint?  Yes\*       No

**\* If "yes," please attach a copy of all court papers to this complaint form.**

5. Describe your complaint in detail, attaching additional pages if necessary. Specify any pertinent names, locations, and dates, identify witnesses and any faculty/staff with whom you dealt (including e-mail and/or telephone contact information), identify the law or policy that you allege was violated (if known), etc. Attach copies of all relevant documentation (e.g., enrollment agreement, correspondence, etc.), including any evidence which you believe supports your complaint.

6. Explain the resolution or outcome you are seeking in filing this complaint.

**Declaration and Signature**

I declare under penalty of perjury under the laws of the State of Texas that the allegations contained in this complaint are true and accurate to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_

**Typed/Printed Name:** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_

**Notice Regarding Possible Disclosure of Personal Information**

THECB makes every effort to protect the personal information you provide to the agency. In order to follow up on your complaint, however, THECB may need to share the information you provide with the institution you complained about or with other agencies, persons, or entities.

The information you provide may also be disclosed in response to a request under the Texas Public Information Act, unless the requested information is confidential or otherwise excepted from disclosure under the Act.

THECB complies with the federal Family Educational Rights and Privacy Act (FERPA).

FOR THECB OFFICE USE ONLY

Complaint number:	Date complaint received:
Date transmitted to institution:	Date response received from institution:
Names of persons contacted in relation to complaint:	Summary of results of review/investigation of complaint:
Date complaint closed:	Disposition:
Reason file closed, if file closed without taking action other than to investigate:	