



Oregon

Kate Brown, Governor

Higher Education Coordinating Commission

Office of Private Postsecondary Education

225 Capitol St NE

Salem, OR 97301

This form is for any current student or former student enrolled in an online degree program who is filing a complaint against an Oregon-based degree-granting institution approved to operate under the State Authorization Reciprocity Agreement

COMPLAINT FORM

COMPLAINANT INFORMATION

All fields are required

Please note that the Higher Education Coordinating Commission cannot act on anonymous complaints

Name of Complainant: _____

Affiliation with the college or university named below:

Current Student

Former Student

Address (number, street and apartment number)

City State, Zip Code

Preferred Phone Number _____

E-mail address _____

How do you prefer to be contacted? _____



If Commission staff members need to contact you via phone, may they leave a phone message or voicemail?

Yes

No

SCHOOL INFORMATION

Name of Institution _____

Location of Institution: _____
City State Zip Code

Degree Level and Concentration (Example: Bachelor of Science in Accounting) of affected student:

Degree: _____

Concentration: _____

Dates of Attendance at institution:

State Date _____

End Date _____



Will you be submitting additional documentation (such as e-mails from school officials, transcripts, course syllabi, contracts, brochures, catalogs and/or tuition bills) that substantiates your complaint? **If the answer is yes then attach additional pages then label them: Attachment F**

Yes

No



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Please send this form and copies of any documents that support your above complaint and/or show that you have gone through your institution's complaint procedure to **rebecca.fuller@state.or.us** or mail them to:

Higher Education Coordinating Commission
ATTN: Complaints-SARA
255 Capitol St NE
Salem OR 97301

By submitting this form, I affirm that I am a current or former student of the institution named above. I agree to allow the Oregon Higher Education Coordinating Commission to submit a copy of my complaint and supporting materials to the above-named institution for a response. I further authorize the institution to transmit student records related to me affected by the institution's actions to the Commission for review. I understand that I may have to submit an information release form to the institution. Additionally, I recognize that my complaint may be subject to Oregon's public records law as defined in Oregon Revised Statute (ORS) 192.001. I certify that the information I have provided to the Commission is complete, true and correct to the best of my knowledge and belief.

Name

Date

Signature