



## ODA 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:**

Currently Enrolled Student

Formerly Enrolled Student

Complainant Address

\_\_\_\_\_ (street number/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





Please give titles and contact information for the individuals (if any) you mentioned above. **Attach additional pages if necessary and label them: Attachment D.**

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How would you like your complaint resolved? **Attach additional pages if necessary and label them: Attachment E**

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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 complaint and document your involvement in your institution's complaint procedure to:

[info.pps@state.or.us](mailto:info.pps@state.or.us)

or mail them to:

Higher Education Coordinating Commission  
ATTN: Complaints-ODA  
255 Capitol St NE  
Salem OR 97310

For assistance, you can contact us at (503) 947-5716.

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