

STUDENT COMPLAINT FORM

Name:

Address:

Phone number:

E-mail address:

Affiliation with institution named below:

current student former student

parent or guardian of student

other

Institution:

Degree level and major of student:

Date of attendance at institution:

Start:

End:

Have you gone through institution’s formal complaint process? Yes No

If yes, attach documentation that you have gone through the complaint process.

If no, please explain in your detailed complaint description why you were unable to complete the complaint process. ADHE will only address complaints after the student has exhausted his or her appeals at the institutional level.

Complaint Description

Describe your complaint in detail, including the names of any faculty or staff you contacted about the complaint.

Give titles and contact information for the faculty of staff you contacted.

Will you be submitting additional documentation regarding this complaint? Yes No

Memorandum of Agreement

State Authorization Reciprocity Agreement (SARA)

By submitting this form, I affirm that I am a current or former student of the institution named above or the parent or guardian of a current or former student who is currently under age 18 and under my legal guardianship. I agree to allow the Arkansas Department of Higher Education to submit a copy of my complaint to the above named institution for a response. I further authorize the institution to transmit student records related to me or the individual under my guardianship affected by the institution's actions to the Arkansas Department of Higher Education for review. The information I have provided to the Arkansas Department of Higher Education is complete, true, and correct to the best of my knowledge.

Print name: _____

Signature: _____

Date: _____

Please send this form to halleyc@uamont.edu