



STUDENT COMPLAINT

State Form 55658 (R / 11-16)
INDIANA COMMISSION FOR HIGHER EDUCATION

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Attn: Complaints
101 West Ohio Street, Suite 300
Indianapolis, IN 46204-1984
E-mail: Complaints@che.in.gov

- INSTRUCTIONS:**
1. Please note that the Indiana Commission for Higher Education cannot act on anonymous complaints.
 2. All fields must be completed.
 3. Please attach any documents that support your complaint and/or show that you have gone through your institution's complaint procedure and e-mail or mail this form to the address above.
 4. Direct questions pertaining to this form to (317) 464-4400.

COMPLAINANT INFORMATION

Name of complainant

Address (number and street)

City

State

ZIP code

Preferred telephone number

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E-mail address

How do you prefer to be contacted?

Telephone

E-mail

No preference

If Commission staff members need to contact you via telephone, may they leave a message or voice mail?

Yes

No

Affiliation with the college or university named below:

Current Student

Former Student

Parent or Guardian of Current / Former Student

Other: _____

Degree level and major / concentration (e.g. B.S. in Accounting) of affected student

Date of attendance at institution (mm/dd/yyyy)

Start:

End:

Have you gone through the institution's formal complaint process?

Yes

No

If you answered "Yes", please submit documentation showing that you have exhausted your appeals at the institutional level. Please see page 2 on how to submit such documents.

If you answered "No", please explain in your detailed complaint description why you were unable to complete the complaint process. Note that the Commission will normally only address complaints after a student has exhausted his/her appeals at the college or university level.

SCHOOL INFORMATION

Name of institution

Location of institution (city and state)

COMPLAINT

Please describe your complaint in detail, including the names of any college or university faculty or staff you spoke to about the complaint. *Attach additional sheets as needed.*

COMPLAINT (continued)

Please give titles and contact information for the individuals you mentioned above, if any.

How would you like your complaint to be addressed? Please note that the Commission cannot, by law, review complaints related to course grades, academic sanctions or discipline / conduct matters.

Will you be submitting additional documentation, such as e-mails from school officials, transcripts, course syllabi, contracts, brochures, catalogs and/or tuition bills, which substantiate your complaints? Yes No

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 of that institution who is currently under age eighteen (18) and is under my legal guardianship. I agree to allow the Indiana Commission for Higher Education to submit a copy of my complaint and supporting materials to the above named institution and/or state portal agency for a response. I further authorize the institution to transmit student records related to me or the individual(s) under my guardianship 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 Indiana's public records law as defined in Indiana Code 5-14-3. I certify that the information I have provided to the Commission is complete, true, and correct to the best of my knowledge and belief.

Signature

Date signed (mm/dd/yyyy)

Printed name