



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
PARKWAY TOWERS, SUITE 1900
NASHVILLE, TENNESSEE 37243-0830
(615) 741-5293
FAX: (615) 532-8845

BILL HASLAM
Governor

REQUEST FOR COMPLAINT REVIEW

COMPLAINANT INFORMATION	
Complainant Name:	
Address:	
City:	State:
Zip:	County:
Telephone No.:	Email:
INSTITUTION INFORMATION	
Institution Name:	
Address:	
City:	State:
Zip:	County:
Is the person completing this form the: <input type="checkbox"/> Complainant <input type="checkbox"/> A Parent, Guardian, Spouse, or Other (if you are not the complainant, Attachment 3 must be completed.)	
Has the complainant completed the institutional grievance policy prior to the filing of this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the complainant have any pending litigation against the institution related to the allegations contained in this complaint? (If yes, please attach an explanation under Attachment 4). <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the complainant previously contacted the Division of Postsecondary State Authorization (DPSA) about filing a complaint against the institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ATTACHMENT CHECKLIST

DPSA has the authority to review complaints for purposes of determining whether an institution violated one its internal policies or a DPSA rule or statute. DPSA does **not** have the authority to review complaints alleging a violation of federal laws or rules (including violations dealing with the administration or disbursement of Federal Student Aid).

You must provide the items in the checklist in order for your complaint request to be complete. Please provide each item below as indicated. If an attachment is not applicable, write the number of the attachment and "N/A" next to it. A complainant who submits an incomplete request will be notified of any missing documentation, and if not received within thirty (30) days of the notice, the complaint will be closed.

If you have any questions regarding this application, contact Shauna Jennings at (615) 741-0662.

DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. <u>DETAILED WRITTEN STATEMENT OF ALL ALLEGATIONS</u> – Attach a written statement which includes, at a minimum, the following: <ul style="list-style-type: none"> a. a detailed description of the events and circumstances upon which the complaint is based; b. the names of all persons involved; c. dates related to the events and circumstances; and d. a reference to any institutional policies which you are alleging the institution violated. <i>If a complainant does not allege any institutional policies were violated, DPSA will only consider whether DPSA's rules and statutes were violated.</i>
<input type="checkbox"/>	2. <u>SUPPORTING DOCUMENTATION</u> – Attach a copy of any documentation supporting your allegations, including a copy of institutional policies referenced under Attachment 1.
<input type="checkbox"/>	3. <u>STUDENT COMPLAINT INFORMATION RELEASE AUTHORIZATION</u> – If you answered that the person completing the request is someone other than the complainant, the complainant must sign and have notarized the attached Student Complaint Information Release Authorization.
<input type="checkbox"/>	4. <u>PENDING LITIGATION</u> – If the complainant has pending litigation against the institution related to the allegations in this request, attach a detailed explanation about the litigation, including the case number(s) and the court(s) where the litigation has been filed.

Signature of Person Completing This Form:	
Print Name:	
Date:	

SEND YOUR COMPLETED APPLICATION PACKAGE TO:

via standard mail:

Attn: DPSA Complaints
Tennessee Higher Education Commission
Parkway Towers, Suite 1900
404 James Robertson Parkway
Nashville TN **37243-0830**

via FEDEX, DHL or UPS:

Attn: DPSA Complaints
Tennessee Higher Education Commission
Parkway Towers, Suite 1900
404 James Robertson Parkway
Nashville TN **37219-1585**

KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR YOUR FILES.



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COMPLAINT INFORMATION RELEASE AUTHORIZATION

Certain information contained in a complaint file may be considered confidential pursuant to state or federal law. It is the intention of the Division of Postsecondary State Authorization (DPSA) to protect the privacy of any information that may be confidential. I understand that in order for DPSA to discuss such confidential information with a third party, a signed authorization must be on file. Therefore, I am filing this release with DPSA, and I understand that this release applies ONLY to confidential information reasonably related to my complaint filed against _____.

(Name of Institution or Agent)

PRINT CLEARLY

Therefore, I, _____, authorize DPSA to discuss the above-indicated information with:

Name	Relationship

The above information will be released with my FULL CONSENT. I understand this release remains in effect as long as DPSA retains a record of my complaint or until I submit a written request to revoke it, whichever is earlier.

Signature Date

NOTARY

I certify that the above individual appeared before me and signed this Complaint Information Release Authorization:

Sworn and subscribed before me on this, the _____ day of _____, 20____

Notary Signature Date Commission Expires