Complaint Form

If you have a complaint about an institution, you can fill out this form and send it to the Office of Higher Education. We will try to resolve your complaint if it has merit. You must sign this form for our office to act on your complaint. We can only work to resolve your issue by sharing your personal information and your identity with your school. Your complaint can be for any reason, but our office will notify you if a different agency has the authority to act on your issue.

Minnesota Office of Higher Education

You must try to resolve your issue using your school's complaint procedure before contacting us.

The Office does not the have authority to resolve complaints against University of Minnesota or MNSCU schools.

Your Information	
Name	
Email Address	
Street Address	
Best Phone Number	
Best Contact Times	
Information About School	
School Name	
Street Address	
Phone	
When did the incident resulti	ng in your complaint occur?
School Term Scheduled Start Date	
School Term Scheduled End Date	
What is your school program or major	•
If the complaint involves a specific cla	ss, what class?
If complaint involves a specific person	, what is their name and title?
Please explain what happened when	you used the school's complaint process. Attach copies of their response.

Your Complaint

Please provide an outline of your complaint or issues that you would like addressed. Include:

- Time and dates
- Locations

- Names of people involved
- Copies of supporting documentation

_

Notice:

I waive my right to privacy under the Family Education Right to Privacy Act (FERPA). By doing this, I give up my right to keep private any personal information that relates to the complaint and the information the college has on me.

I agree that the college named in my complaint can share my personal information and provide copies of my student file or other student records with the Minnesota Office of Higher Education.

This authorization for information and waiver of my privacy will last for one year from the date of my signature. I agree that the Minnesota Office of Higher Education can use copies of this form and does not require the original signature.

To read more about FERPA and waiving your privacy: www2.ed.gov/policy/gen/guid/fpco/faq.html

Sign

Date

Please send the completed form with supporting documentation to:

Minnesota Office of Higher Education

Attn: Registration/Licensure 1450 Energy Park Drive, Suite 350 St. Paul, MN 55108 Tel: 651-642-0567 or 1-800-657-3866 TTY Relay: 1-800-627-3529 Fax: 651-642-0675