Office of General Counsel P.O. Box 12788 Austin, TX 78711-2788

Student Complaint Form

Student Infor	mation				
lama					
lame: Last		First	Middle Initial		
.ddress:					
City		State	Zip		
hone:		Date of Birth:			
Email:		Program of Study at the Institution:	·		
heck the applica	ble box which describes	your status with the institution:			
Current Studer	nt	☐ Prospective Student ☐ Other:			
	nt or former student, pro	ovide the dates of your enrollment at the inst			
		one year of the student's last date of attendo			
you are a forme	r student of the instituti	on, check the applicable box:			
Graduated	\square Terminated	☐ Withdrew ☐ Other:			
nstitution Inf	ormation				
lame:					
.ddress:					
City		State	Zip		
Phone:					

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Complaint Information

1.	Have you exhausted all of the institution's established procedures to resolve your complaint? \[\subseteq \text{Yes*} \square \text{No (Your complaint will not be considered until this requirement is met.)} \]						
	* Attach to this form documentation of your exhaustion of th etters of determination issued by the institution, and a copy						
	Date you filed the complaint/grievance at your institu	ution:					
	Date the complaint/grievance procedure was concluded:						
2.	 Have you filed, or do you intend to file, a complaint with any other entity (e.g., institution's accrediting agency, other state or federal agency, etc.) regarding this matter? ☐ Yes* ☐ No 						
* If	* If "Yes," please provide the following information:						
Nar	Name of Entity:	Date of Complaint:					
Cor	Contact Person:	Status of Complaint:					
3.	3. Are you represented by an attorney in connection with t \Box Yes* \Box No	he matter that is the subject of this complaint?					
* If	* If "Yes," please provide the following information:						
Att	Attorney's Name: #	Attorney's Email:					
Att	Attorney's Phone No: A	Attorney's Address:					
4.	 Are you participating, or have you participated, in any ju the subject of this complaint? ☐ Yes* ☐ No 	dicial proceedings in connection with the matter that is					

^{*} If "Yes," please attach a copy of all court papers to this complaint form.

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5. Describe your complaint in detail, attaching additional pages if necessary. Specify any pertinent names, loand dates, identify witnesses and any faculty/staff with whom you dealt (including email and/or telephor contact information), identify the law or policy that you allege was violated (if known), etc. Attach copies relevant documentation (e.g., enrollment agreement, correspondence, etc.), including any evidence which believe supports your complaint:	e of all
believe supports your complaint.	
C. Evaloin the resolution or outcome you are scaling in filing this complaint.	
6. Explain the resolution or outcome you are seeking in filing this complaint:	
Declaration and Signature	
I declare under penalty of perjury under the laws of the State of Texas that the allegations contained in this coare true and accurate to the best of my knowledge and belief.	mplaint
Signature:	
Typed or Printed Name:	
Date Submitted:	

Notice Regarding Possible Disclosure of Personal Information

THECB makes every effort to protect the personal information you provide to the agency. In order to follow up on your complaint, however, THECB may need to share the information you provide with the institution you complained about or with other agencies, persons, or entities.

The information you provide may also be disclosed in response to a request under the Texas Public Information Act (Act), unless the requested information is confidential or otherwise excepted from disclosure under the Act.

THECB complies with the Federal Family Educational Rights and Privacy Act (FERPA).

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Family Educational Rights and Privacy Act (FERPA) Consent and Release Form

I,, the undersigned, hereby authorize				
(PLEASE PRINT FULL NAME) (PLEASE PRINT FULL NAME)	RINT FULL NAME OF INSTITUTION)			
(hereafter referred to as "the institution") and its authorized representatives to prequested material documents or the complete and entire contents of my studer all other records held by the institution upon request by the Texas Higher Educat and/or its authorized representatives or assignees. These records may include, but	at financial, academic, personal, and ion Coordinating Board ("THECB")			
 All Financial Aid Records (records include: status of file, award and disbur Satisfactory Academic Progress status, income information, and any othe Academic, Admissions, Placement/Career Services, Financial Aid, or any s 	r information contained in the			
 All Academic/Transcript Records (records include: transcripts, admission schedule information, assessment test scores, Satisfactory Academic Pro- and any other documentation contained in the academic records). 				
 All Student Account Records (records include: amounts due for tuition and tuition and fees, refund information, records hold information as it related financial aid repayments, and any other accounts receivable information records). 	es to parking tickets, library fines,			
 Instructor/Classroom Records (records include: attendance records, prog scores if available). 	ress reports, tests and homework			
5. Other (please specify):				
Please Note: Medical records and services for students with disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained for that information.				
I authorize the above institution to release my records to the THECB and its authorized that the THECB and its authorized representatives or assignees may investigate with the THECB concerning the institution. I further authorize the above institution discuss my student records with the THECB and its authorized representatives its authorized representatives or assignees may investigate and act upon my communication.	e and act upon a complaint I filed on and its authorized representatives or assignees so that the THECB and			
I acknowledge by my signature that I understand that although I am not required individual(s) or entities, I am giving my consent to release the information. I under effect until I revoke such consent in writing and the written revocation is delivered authorized representatives or assignees and processed. I understand that any such disclosures previously made by the institution or THECB prior to the receipt and processed.	erstand that this release remains in and to the institution and THECB or its th revocation shall not affect			
I agree to hold THECB and the above institution harmless from any and all liability entities as specified above or any release of information as requested by accredit agencies.	•			
Signature: Date	2:			
Typed or Printed Name:				

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THECB Consent and Agreement Form

I authorize the Texas Higher Education Coordinating Board ("THECB") to transmit a copy of my complaint (along with any additional information submitted) to the institution for its response.

I authorize the THECB, as part of its investigation of my complaint, to contact and discuss my complaint with officials, faculty, and staff at the institution, and any other persons and entities that may be relevant to the THECB's investigation of my complaint.

I authorize the THECB to transmit this complaint (along with any additional information submitted) to another Texas state agency (e.g., Office of the Attorney General of Texas, State Board for Educator Certification, etc.) or a federal agency, to the institution's accrediting agency (e.g., the Southern Association of Colleges and Schools), or to an educational association to which my institution belongs (e.g., Independent Colleges and Universities of Texas, Inc. (ICUT), Texas Association of Community Colleges (TACC), etc.), for investigation and resolution, if the THECB determines that my complaint is appropriate for investigation and resolution by such state agency, accrediting agency, or educational association.

I authorize the THECB to transmit this complaint (along with any additional information submitted) to the appropriate state university system for investigation and resolution, if my complaint pertains to an institution in the University of Texas System, Texas A&M University System, University of Houston System, University of North Texas System, Texas Tech University System, or Texas State University System.

I understand and agree that the THECB and its staff are not my agents or attorneys nor do they represent me in a legal capacity, but instead they represent the State of Texas and are enforcing laws that fall under the scope of the THECB's authority.

I understand and agree that the information I provide to the THECB may be disclosed in response to a request under the Texas Public Information Act, unless the requested information is confidential or otherwise excepted from disclosure under the Act.

Signature:	 Date:	
Typed or Printed Name:		