##### **COMPLAINT/INQUIRY FORM**

Submit via mail or facsimile to: Complaint Processing

One Ashburton Place, Room 1401

Boston, MA 02108

(617) 727-0955 fax

PLEASE NOTE: An institution of higher education’s Board of Trustees is responsible for establishing and enforcing the policies necessary for the management of the institution under its authority. Therefore, in accordance with Board of Higher Education policy and regulations, upon receipt of a complaint/inquiry concerning an institution, Board staff will refer the complaint/inquiry to the institution for clarification and response. The Board of Higher Education attempts to provide an avenue for informal resolution of matters concerning institutions and cannot require an institution to take any specific action in a matter. The Board cannot provide you with legal advice.

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| --- | --- | --- | --- |
| Your Name |  | This complaint/inquiry concerns: | |
| **Address** |  | Institution |  |
| **City, State, Zip** |  | **Address** |  |
| **Phone** |  | **City, State, Zip** |  |
| **Fax** |  | **Phone** |  |
| **Email** |  |  |  |

Please describe your complaint/inquiry in detail. Include all relevant names and other pertinent information, and describe any action you have taken to resolve this matter and how the institution or agency has responded to you. Attach additional pages if necessary. Be sure to include clear copies of relevant documentation supporting the facts set forth in this complaint/inquiry; please keep your original documents.

Have you discussed the matter directly with the institution?  Yes  No

*If yes, with whom and on what date(s)?*

How did you contact the institution?  Phone call  In person  Letter  Email  Other

What outcome did you seek from the institution? Attach additional pages if necessary.

Have you contacted another agency about your complaint?  Yes  No

*If yes, please give name of Agency below:*

Have you contacted an Attorney?  Yes  No

*If yes, please give name of Attorney below:*

#### CONFIDENTIALITY

Under most circumstances, the text of your complaint/inquiry and the institution’s response will be considered public records, copies of which are available to any member of the public upon request. However, your name, address, phone number, and any other information that identifies you will not be disclosed. Furthermore, no part of your complaint/inquiry or the institution’s response will be provided in response to a request that asks specifically for a complaint/inquiry submitted by you.

**AUTHORIZATION AND WAIVER**

By signing and submitting this form, I hereby acknowledge that I am authorizing the Department of Higher Education to transmit this complaint to the institution for its response and that I am giving the Department of Higher Education the authority to review any of my student or personnel records or other relevant documents that may constitute the institution’s response to this complaint. I hereby request and authorize representatives of the institution to disclose fully to the Board and Department of Higher Education, and their authorized representatives, all information and records relating to me that are relevant to my complaint/inquiry, including any personally-identifiable student education records which may pertain to the subject of the complaint. I waive any and all personal privileges which may attach to such information only to the extent necessary for the proper review of my complaint and the institution’s response by the Department of Higher Education and, if necessary after consultation with me and as required by 610 CMR 2.11(1), the Office of the Attorney General; otherwise, any such information shall be confidential and shall not be disclosed.

**Your complaint will not be processed without your signature.**

SIGNATURE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_