

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: _____