



IDAHO STATE BOARD OF EDUCATION

650 West State Street, Suite 307 (POB 83720) Boise, Idaho 83720-0037
Phone 208-334-2270 Fax 208-334-2632 www.boardofed.idaho.gov

STUDENT COMPLAINT FORM

This form may be used by a student of a private postsecondary educational institution, distance education, or proprietary school located in Idaho to file a complaint against the institution or proprietary school. Prior to filing a complaint with the Idaho State Board of Education (SBOE), the student must have first exhausted the institution or school's internal complaint resolution process. If your complaint involves a claim of a deceptive or unfair business practice, please contact the Office of the Idaho Attorney General.

Legal authority: Idaho Code, Title 33, Chapter 24 and Idaho Administrative Code of Procedures, 08.01.11.

This form may be submitted by mail or fax to the following address:

Attn: State Coordinator for Private Colleges & Proprietary Schools
Office of the State Board of Education
650 W State Street
PO Box 83720
Boise, ID 83720-0037
Fax number: 208-334-2632.

Please direct questions regarding use of this form to Val Fenske at:
valerie.fenske@osbe.idaho.gov, phone: 208-332-1587.

Please identify the type of institution or school:

- Private Postsecondary Educational Institution
- Distance education
- Proprietary School

NAME OF INSTITUTION OR SCHOOL

NAME OF INSTITUTION OR SCHOOL

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP

STUDENT INFORMATION

LAST NAME

FIRST

MIDDLE INITIAL

MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE

DAYTIME PHONE

EMAIL

STUDENT STATUS

Currently Attending Terminated Graduated Other _____

DATES OF ATTENDANCE:

Date you started classes: _____ Last day of attendance: _____ Did you complete your enrolled program? yes no

EDUCATIONAL PROGRAM

DETAILS OF COMPLAINT

DESCRIBE YOUR COMPLAINT. ATTACH ADDITIONAL PAGES IF NECESSARY.

ATTACH COPIES OF ALL RELEVANT DOCUMENTATION RELATED TO YOUR COMPLAINT, INCLUDING DOCUMENTATION RECEIVED FROM THE INSTITUTION OR SCHOOL REGARDING THE COMPLAINT.

DESCRIBE HOW YOU WOULD LIKE TO SEE THE COMPLAINT RESOLVED, INCLUDING AN EXPLANATION OF WHY THE REMEDY YOU ARE SEEKING IS APPROPRIATE. ATTACH ADDITIONAL PAGES IF NECESSARY.

WHO AT THE INSTITUTION OR SCHOOL HAVE YOU CONTACTED ABOUT THIS MATTER? INCLUDE NAME(S), TITLE(S), PHONE NUMBER(S) AND A BRIEF SUMMARY OF THE DISCUSSIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

HAVE YOU OR DO YOU INTEND TO FILE A COMPLAINT WITH ANY OTHER ENTITY REGARDING THIS MATTER? (Idaho Attorney General, Better Business Bureau, US Department of Education) yes no
IF YES, PLEASE INCLUDE INFORMATION BELOW

NAME OF ENTITY CONTACT PERSON

DATE OF COMPLAINT STATUS OF COMPLAINT

ARE YOU REPRESENTED BY A PRIVATE ATTORNEY IN THIS MATTER? yes no
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF ATTORNEY ADDRESS

AUTHORIZATION

I understand that I should contact a private attorney if I have any questions about my legal rights and responsibilities or if I need legal assistance with this matter. If I have hired a private attorney to represent me in this matter, I agree to allow SBOE to contact my attorney if necessary.

I understand that this completed form, including my responses and attached documents may be forwarded to the institution or school against whom the complaint is directed, and to other individuals or agencies as appropriate.

I understand that once I send a complaint form or any other documents to SBOE, the documents may become public if requested under the Idaho Public Records Law.

I consent to the release of any and all of my student records from (insert name of institution or school) _____ to SBOE for purposes of investigating my complaint.

I certify that all of the information provided on this form is true and correct to the best of my knowledge.

SIGNATURE _____

PRINTED NAME _____

DATE _____