

Massachusetts Department of Higher Education

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.

Your Name	This complaint/inquiry concerns:
Address	Institution
City, State, Zip	Address
Phone	City, State, Zip
Fax	Phone
Email	
information, and describe any act agency has responded to you. Atta	quiry in detail. Include all relevant names and other pertinent ion you have taken to resolve this matter and how the institution or ach additional pages if necessary. Be sure to include clear <u>copies</u> of ag the facts set forth in this complaint/inquiry; <u>please keep your original</u>

Have you discussed the matter directly with the institution?
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?
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 <u>not</u> be disclosed. Furthermore, <u>no</u> 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: