

# Complaint Form

**Mail Completed Form To:**

New York State Education Department  
Bureau of Proprietary School Supervision  
Investigations and Audit Unit  
116 West 32<sup>nd</sup> Street, 5<sup>th</sup> Floor  
New York, NY 10001

New York State Education Department  
Adult Career & Continuing Education Services  
Bureau of Proprietary School Supervision  
Phone: (212) 643-4760  
Fax: (212) 643-4765  
E-Mail: [BPSS@NYSED.GOV](mailto:BPSS@NYSED.GOV)  
Web: [WWW.ACCE.NYSED.GOV/BPSS/](http://WWW.ACCE.NYSED.GOV/BPSS/)

**For Office Use Only**

Case Number				Nature of Complaint Code				Institution Code			

Please use this form to record all information about your complaint. An investigator will be assigned to examine the situation and will, if necessary, contact you for additional information. The results of the investigation will be communicated to you in writing. You should be aware that in order to properly evaluate your complaint and assess your records, your name must be revealed to the school at some point during our review. If you wish, the office will strive to keep your complaint anonymous during the initial stages of the investigation. If you are requesting this limited anonymity, please check this box.

**Please print or type all information.**

1. Name		
2. Street Address & Apt.		
City	State	Zip Code
3. Telephone Number (include area code)	Day	Evening
4. Social Security Number (of Student) if no SSN, Alien Reg. #	5. Date of Birth (of Student)	6. Date of Alleged Incident
7. Your E-Mail Address		
8. Name of the school which your complaint concerns		
9. Address and telephone number of the school		
10. Did you attempt to utilize the school's internal complaint resolution procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?		
11. How did you hear of the school? <input type="checkbox"/> Newspaper <input type="checkbox"/> Television/Radio <input type="checkbox"/> Online/Internet <input type="checkbox"/> Other _____		
12. Check the box which describes your status with the school: <input type="checkbox"/> Student <input type="checkbox"/> Family Member of Student <input type="checkbox"/> Employee of School <input type="checkbox"/> Other _____		
13. If you are not the student, please enter the name of student _____		
14. If a student: Are you still at this institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check box which applies: <input type="checkbox"/> Graduated <input type="checkbox"/> Terminated <input type="checkbox"/> Withdrew _____ Date How did you enroll: <input type="checkbox"/> In Person at School <input type="checkbox"/> On Line/Internet If employee of school, please check the box which applies: <input type="checkbox"/> Currently Employed _____ <input type="checkbox"/> Former Employee _____ Hiring Date Resignation/Termination Date		
15. Name of program:		16. Date program began:

17. Total Cost of Program		18. Expected Graduation Date	
19. Was a student loan obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, with what bank or financial institution?		Amount of loan: \$	
20. Have you paid any money directly to the school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much? \$ _____	
How was payment made? <input type="checkbox"/> In Person at School <input type="checkbox"/> On Line/Internet			
21. Was a Pell Grant obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: \$	Year(s)?
22. Was a TAP Grant obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount: \$	Year(s)?
23. Are you in default of a loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount owed: \$	Year(s)?
If yes, what date were you notified? _____			
24. Was a Workforce Investment Act (WIA) Voucher Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$	
25. What result would satisfy you?			
26. Please provide a brief explanation of your complaint. Attach additional pages if necessary and copies of all relevant documents.			

I hereby acknowledge that by signing this complaint form I am giving the Commissioner of Education or his representatives authority to review and secure any and all of my student records in order to appropriately review and resolve this complaint. I am also authorizing the Commissioner to request a refund on my behalf if the department determines that a violation occurred which warrants a refund.

I also acknowledge that by signing this complaint form I am giving the Commissioner of Education or his representatives authority to release my social security number and date of birth to government agencies and lenders or loan guarantors associated with this complaint, if the Commissioner of Education or his representatives deem it necessary to resolve the complaint.

If you do not agree to have your social security number and date of birth released, please check the box below. Your complaint will still be processed and investigated even if you do not presently agree to the release of your social security number and date of birth. You may be requested at a future time to permit us to release your social security number and date of birth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date