



STATE OF MAINE
 DEPARTMENT OF EDUCATION
 23 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0023

PAUL R. LEPAGE
 GOVERNOR

WILLIAM H. BEARDSLEY
 ACTING COMMISSIONER

COMPLAINT FORM

This form should be used by any current student or former student enrolled in an online degree program who seeks to file a complaint against a degree-granting institution approved to operate under the State Authorization Reciprocity Agreement (SARA).

I. Complainant Information

Name of complainant	
Address	
City, State, Zip Code	
Phone number	
Email address	

II. Institutional Information

Name of Postsecondary Educational Institution	
Address	
City, State, Zip Code	
Phone number	

Affiliation with the college or university listed: Current Student Former Student

Degree and Concentration

Dates of attendance at institution

Degree		Start Date	
Concentration		End Date	

II. Complaint information section and supporting materials

Have you placed a formal complaint with the host university? Yes No

- A. If you answered “Yes,” please type on a separate sheet (labeled: Attachment A) a description of how you exhausted the complaint process. Submit the supporting documentation demonstrating that you exhausted the appeal process at the host institutional level.
- B. If you answered “No,” please type on a separate sheet (labeled: Attachment B) a description explaining why you were unable to complete the complaint process. Please be aware that the Maine DOE will address complaints only after a student has exhausted the appeals process of the host institution.
- C. Please type a on a separate sheet a detailed description of your complaint (labeled: Attachment C), including the names, titles and contact information of all college or university faculty or staff you communicated with about the complaint. Incomplete applications will not be processed.
- D. Please type on a separate sheet (labeled Attachment D), your justification of an appropriate resolution to this complaint.
- E. Submit any additional documentation (such as emails from school official, transcripts, course syllabi, contracts, brochures, catalogs and/or tuition bill) that supports your complaint (labeled: Attachment E).

Email this completed form and all attachments to the Maine Department of Education. Forms should be emailed to: **Angel.loredo@maine.gov**.

By submitting this form, I affirm that I am a current or former student of the institution named in this document. I agree to allow the Maine Department of Education to submit a copy of my complaint and supporting materials to the above-named institution for a response. I further authorize the institution to transmit student records related to me affected by the institution’s action to the Department for review. I certify that the information I have provided to the Commission is complete, true and correct to the best of my knowledge.

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Signature

Date

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Printed Name