

## Higher Education Complaint Form

The Pennsylvania Department of Education (PDE) will accept all written and signed complaints against colleges, universities and seminaries certified to operate in Pennsylvania.

The person filing the complaint with PDE must attest that the following is true:

The person has submitted the complaint to PDE in writing using the "Higher Education Complaint Form."

The person has signed the form attesting to the truth and accuracy of the complaint.

The person has signed the form to authorize the disclosure of his/her name and concerns.

The person has submitted evidence to support the allegation against the institution. (Please do not submit original documents as they may not be returned.)

The person recognizes that PDE may not be able to process an anonymous complaint.

By signing the form, the person acknowledges that PDE may share the complainant's name and the information provided by the complainant with the institution in order to investigate the complaint.

Upon receiving a student complaint, PDE will determine if the matter falls within its jurisdiction. If preliminary findings indicate a violation by a higher education institution, PDE shall attempt to resolve the complaint. All parties will be notified of the outcome of the investigation.

Pennsylvania's Right to Know Law (RTKL) provides that records of an agency relating to a non-criminal investigation, including complaints submitted to an agency, are exempt from disclosure. However, in the event the Office of Open Records or a court would determine that records being submitted are not exempt from disclosure, the Department would have to disclose them if a RTKL request is made for the records.

**Submit to:**

Bureau of Postsecondary and Adult Education  
Pennsylvania Department of Education  
333 Market Street, 12<sup>th</sup> Floor  
Harrisburg, PA 17126-0333  
Fax: 717-772-3622  
E-mail: [RA-pls@pa.gov](mailto:RA-pls@pa.gov) (for submission of form or questions)

# Higher Education Complaint Form

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Program of Study \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Institution \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**Did you follow the Institution's grievance procedure to resolve your complaint?**

**No**

If no, please explain. \_\_\_\_\_

**Yes**

**How did you contact the Institution? Please specify who was contacted and on what date(s), if possible.**

Phone Call \_\_\_\_\_

In Person \_\_\_\_\_

Letter \_\_\_\_\_

E-mail \_\_\_\_\_

Other \_\_\_\_\_

**What outcome did you seek from the Institution?**

**Have you contacted another agency or organization about the matter?**

**No**

**Yes**

If yes, please give name of agency. \_\_\_\_\_

**Have you contacted an attorney?**

**No**

**Yes**

If yes, please give name of attorney. \_\_\_\_\_

**Describe your complaint in detail. Specify any dates, staff you dealt with, monies owed, balances due, etc.** Use additional paper if necessary. Attach any documentation which will help describe the problem and substantiate your allegations, such as an enrollment contract, correspondence with or from the institution, etc. Do not submit original documents as they may not be returned.

**Pursuant to 18 Pa. C.S. 4904(a), and under penalty of perjury, I declare the foregoing to be true and correct to the best of my knowledge. I also grant PDE permission to release my name and complaint details to the institution.**

\_\_\_\_\_  
**SIGNATURE OF COMPLAINANT**

\_\_\_\_\_  
**DATE**