



Maryland Higher Education Commission (MHEC) Student Complaint Form

Please use this complaint form if you are a student who has attended a **private career school** in the state of Maryland. This form should **NOT** be used if your complaint pertains to a community college, a college, or a university.

Are you the student, or submitting a complaint on behalf of a student?

Is the student over 18?

YES

NO

The student with the complaint must approve and sign this form - the student will be notified to approve and sign after the submission.

Please enter the information of the individual submitting on behalf of the student:

First Name

Last Name

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Email

Phone Number

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How did you obtain this complaint?

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We will follow up with the student to request more information from them.

What is the student's information?

Student First Name

Student Last Name

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Student's Email

Daytime Telephone Number

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Address

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City

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State

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Zip Code

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Date of Complaint

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Name of School

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Are (or were) you a student of the school?

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Program Enrolled In:

Start Date of Program

Last Day of Attendance

What are the events that led to this complaint? Specify pertinent dates, the nature of the event (e.g. meeting, written appeal, judicial hearing), and school staff involved.

Please reread your statement to ensure that you have provided clear and accurate details.

Have you attempted to resolve the complaint with the school? If so, what was the outcome?

Have you filed this complaint with another organization?

What is the organization's name and the outcome of the complaint?

Have you contacted a private attorney?

Have you started a court action?

Provide the specifics of your court action:

Attach any documentation which will help describe the problem and substantiate allegations such as signed agreements, school catalog, or correspondence. Documents will not be returned. Please retain your originals.

Ensure that scanned documents are legible and can be clearly read. Images taken with a camera phone may be rejected depending on the quality of the images.

Please sign to verify that the above is accurate:

I hereby certify that I am the named complainant and that the above statements are true. I understand that this complaint and the information provided will be shared with the school.

Complete **ALL** pages of the complaint form and submit your complaint as **ONE** attachment to:
pcs-complaint.mhec@maryland.gov

MHEC staff will review a student complaint once it has been fully completed and signed. If additional information is required, MHEC staff will directly contact you.

Please note that a copy of your complaint will be forwarded to the private career school that you have submitted a complaint about, and the private career school will be required to provide a response.

MHEC staff will make a formal determination that will be provided to both the student and the private career school.



FERPA CONSENT TO RELEASE STUDENT INFORMATION

I, _____, am a student at, or a former student of,
_____ (the institution). I
have submitted a complaint concerning the institution to the Maryland Higher
Education Commission.

I hereby consent to the institution's release of any of my education records,
including personally identifiable information, that the institution determines is
necessary to provide to the Maryland Higher Education Commission in response
to my complaint. I also authorize representatives of the institution to talk with
representatives of the Maryland Higher Education Commission about my
complaint.

I understand that the Maryland Higher Education Commission will not re-disclose
the information except in accordance with the law.

Signature Date

Student Mailing Address

Student Email Address



**AUTHORIZATION TO RELEASE CONFIDENTIAL
INFORMATION TO A THIRD PARTY**

I _____ hereby authorize the Maryland Higher Education Commission (MHEC), its employees and agents to release the following information:

Student and academic records

Financial Information

to _____ (third party). I acknowledge that student, academic, and financial records are confidential under law, and in authorizing MHEC to release this information I agree to release MHEC and the State of Maryland from any claim pertaining to information they release in reliance of this authorization.

I may rescind this authorization at any time by delivering a written rescission signed by me to MHEC's Secretary of Higher Education. I acknowledge that a rescission is effective only upon receipt by MHEC's Secretary of Higher Education, and will not affect the authorization to release information and release claims that I have given for actions taken by MHEC prior to the Secretary's receipt of rescission.

Signature

Date

Student Mailing Address

Student Email Address