



MHEC
Creating a state of achievement

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Anwer Hasan
Chairperson

James D. Fielder, Jr., Ph.D.
Secretary

PRIVATE CAREER SCHOOL (PCS) STUDENT COMPLAINT FORM

Have you attempted to resolve the complaint with the school?

- No If **NO**, contact the school to resolve your complaint.
You must exhaust all levels of a school's complaint process before the Maryland Higher Education Commission (MHEC) will investigate a complaint. (See school catalog for procedures)
- Yes If **YES**, MHEC may investigate written complaints within the agency's legal authority (violations of the Education Article, the Code of Maryland Regulations Title 13B, or the school's written policies).

Provide the following complaint details:

I. COMPLAINANT INFORMATION		
Complainant's Last Name:	Complainant's First Name:	Complainant's Middle Name:
Street Address:		Apt./Suite:
City:	State:	ZIP Code:
Daytime Telephone Number:	Email Address:	Date Complaint Submitted:
School Name:		
Street Address:		Apt./Suite:
City:	State:	ZIP Code:

Are you a current or former student of the school?

- Yes If **YES**, provide the following information:

Program name:	Program start date:	Last date of attendance:
Current enrollment status:		
<input type="checkbox"/> Enrolled and attending	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Terminated
<input type="checkbox"/> Graduated	<input type="checkbox"/> Voluntarily withdrew	

- No If **NO**, identify your relationship with the school (e.g., parent of a student, school official, etc.).

Note: If the student is a legal adult, the student must submit the complaint.

Relationship:

II. DETAILS OF COMPLAINT

Date of the incident:			
Complaint type:			
<input type="checkbox"/> Policy dispute	<input type="checkbox"/> Instructor/program delivery	<input type="checkbox"/> Equipment/supplies	<input type="checkbox"/> Sanitation
<input type="checkbox"/> Program quality	<input type="checkbox"/> Refund dispute	<input type="checkbox"/> Financial aid	<input type="checkbox"/> Other (Describe) _____
Who was involved? Names:		Titles:	
Describe the school policy or State regulation that was violated			
What resolution do you want from the school?			
Describe how you have attempted to resolve this complaint at the school level:			
Date that you contacted the school:			
Whom did you contact (names and titles)?			
What was the method of contact? (Written complaint, telephone call, conference)			
What was the outcome? (Provide a copy)			

Attach copies of your documentation that will help describe the problem and substantiate allegations, such as a signed enrollment agreement, school catalog policy, or correspondence.

All documentation must be included at the time this complaint form is submitted.

Documents will not be returned. Please do not submit originals.

III. CERTIFICATION

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.

Signature of Complainant:	Date:
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Submit this completed form and attachments via postal mail, fax, or email:

Postal mail: Associate Director of Career and Workforce Education
Maryland Higher Education Commission
6 N. Liberty Street, 10th Floor
Baltimore, MD 21201

FAX: 410- 332-0270, Attention: Associate Director of Career and Workforce Education

Email: PCS-Complaint.mhec@maryland.gov

MARYLAND HIGHER EDUCATION COMMISSION

6 N. Liberty Street • 10th Floor • Baltimore, MD 21201

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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 Address



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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.

Student Signature & Date

Student Address