**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:  Enrolled and attending  Leave of absence  Graduated  Voluntarily withdrew  Terminated | | |

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.*

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| --- |
| Relationship: |

**II. DETAILS OF COMPLAINT**

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| Date of the incident: |
| Complaint type:  Policy dispute  Instructor/program delivery  Equipment/supplies  Sanitation  Program quality  Refund dispute  Financial aid  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: |

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](mailto:PCS-Complaint.mhec@maryland.gov)