



# STATE OF CONNECTICUT

## Office of Higher Education

### INFORMATION ON FILING STUDENT COMPLAINTS

The Office of Higher Education is responsible for responding to formal complaints against independent colleges and universities and post-secondary career schools (private and hospital-based occupational schools and hairdressing/barber schools) located in Connecticut.

If you believe that an independent college, private or hospital-based occupational school or hairdressing/barber school has not fulfilled its promises, you may file a complaint with the Office of Higher Education. We will investigate complaints concerning matters within our statutory authority and, if justified, take appropriate action. Generally, issues falling under our jurisdiction involve academic quality and licensing; issues regarding student life (such as student discipline, grading and housing) fall solely within the purview of institutions. The Office of Higher Education will act only on complaints that were unable to be resolved through the institution's internal dispute resolution process. Our agency cannot and does not provide legal advice.

#### **Filing a Complaint with the Office of Higher Education**

Before contacting the Office of Higher Education, you must first exhaust the school's internal grievance or complaint procedures. These policies are usually published in the institution's catalog, student handbook and/or posted on the institution's website.

Once you have pursued your concerns using the institution's dispute resolution procedures, and have not reached a mutually agreeable resolution, you may proceed with filing a formal complaint with the Office of Higher Education. To do so, you must submit a completed complaint form, available by sending a request to [edinfo@ctohe.org](mailto:edinfo@ctohe.org).

#### **How Complaints are Handled**

We will acknowledge receipt of your complaint in writing, and review it to see if it falls within our regulatory authority. If it does not, we will so notify you, and may refer it to another agency. If it does fall within our jurisdiction, we will notify both you and the school/college, and share a copy of your complaint with the institution with a request for a written response within 20 days regarding the situation and whether appropriate institutional policies, and state statutes and regulations, have been followed. Depending on the institution's response, we may request more information from the institution or from you.

#### **Complaints Not Covered**

The Office of Higher Education can only act to assure that independent colleges and post-secondary career schools comply with state statutes that we administer. Complaints regarding other issues should be directed to the entity which specializes in those issues. For example:

- For complaints involving employer-employee matters, contact the:  
Connecticut Department of Labor, (860)263-6000, [www.ctdol.state.ct.us/](http://www.ctdol.state.ct.us/)
- For complaints concerning discrimination complaints, contact the:  
Commission on Human Rights and Opportunities, (860)541-3400, [www.ct.gov/chro/site/default.asp](http://www.ct.gov/chro/site/default.asp)
- For complaints regarding disabilities violations, contact the:  
Office of Protection and Advocacy for Persons with Disabilities, (860)297-4300,  
(800)842-7303, [/www.ct.gov/opapd/site/default.asp](http://www.ct.gov/opapd/site/default.asp)
- For complaints regarding higher education institutions located in other states, contact the state agency responsible for authorization as listed at:  
[www.sheeo.org/stateauth/Complaint%20Process%20Links.pdf](http://www.sheeo.org/stateauth/Complaint%20Process%20Links.pdf)



**STATE OF CONNECTICUT**  
Office of Higher Education

**STUDENT COMPLAINT FORM**

**STUDENT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**SCHOOL INFORMATION**

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_

**DATES OF ATTENDANCE**

Date you enrolled \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_  
Name of Program \_\_\_\_\_  
Are you still at this institution?  Yes  No (  Graduated  Terminated  Withdrew)

**COMPLAINT RESOLUTION**

Have you followed the institution's grievance procedures to resolve your complaint?  Yes  No

If yes, attach documentation or explain below how you have exhausted each step of the institution's grievance process. Include copies of the institution's complaint resolution procedure, and copies of any responses you have received from the institution, with dates and names of school officials who you have contacted.

If no, what was the reason for not doing so?

Have you filed this complaint with another organization?  Yes  No  
If yes, name of organization \_\_\_\_\_

Have you engaged an attorney?  Yes  No  
If yes, name of attorney \_\_\_\_\_

## COMPLAINT DESCRIPTION

Please describe your complaint. Attach additional pages/documents as needed.

Explain the specific resolution you are seeking from filing this complaint.

The information you provide will be used in efforts to resolve your complaint and will be shared with the institution. By submitting this complaint, you are giving the Office of Higher Education permission to contact school officials to discuss a possible resolution to your complaint, and authority to review and secure any or all of your student records in order to appropriately review this complaint.

This complaint submission is a public record and will remain on file for use in reporting statistical data or other purposes. It must be on file in order to address your complaint. This Office cannot process incomplete or unsigned complaints. As complaints require an original signature, complaint forms cannot be emailed or faxed.

FERPA Release: Your signature on this form gives permission to the school listed to photocopy and release specifically requested material documents or the complete and entire contents of your student financial, academic, personal and all other records held by the educational institution upon request by the Executive Director of the Office of Higher Education (or designee). These records may include but not be limited to: all financial records, all academic/transcript records, all student account records and instructor/classroom records.

I acknowledge by my signature that I understand although I am not required to release my records to these individual (s), I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the written revocation is delivered to the educational institution and processed. I understand that any such revocation shall not affect disclosure previously made by the institution prior to the receipt and processing of any such revocation.

I agree to hold the above educational institution harmless from any and all liability for the release of my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies.

This information in this complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send or email this completed form to: Education & Employment Information Center, Office of Higher Education 61 Woodland Street, Hartford, CT 06105-2326 ([edinfo@ctohe.org](mailto:edinfo@ctohe.org))