



Office of the State Superintendent of Education

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
EDUCATION LICENSURE COMMISSION**

COMPLAINT FORM

PLEASE TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

ACTIVITY THAT OCCURRED OUTSIDE OF THE DISTRICT OF COLUMBIA SHOULD BE REPORTED TO THE APPROPRIATE STATE IN WHICH THE ACTIVITY OCCURRED.

Investigation and resolution of complaints take varying amounts of time. If the Education Licensure Commission (“ELC”) takes formal disciplinary action, you may obtain a copy of that final order from its website at www.osse.dc.gov. If the ELC closes your complaint with a finding that there has been no violation committed, the ELC will notify you of such in writing. Complaints to the ELC made on this form must be signed and dated by the individual making the complaint.

Complaints are made available to the institution or facility so that he/she may file a response to the allegations with the ELC.

The ELC will not accept any anonymous complaints.

GENERAL INSTRUCTIONS: Complaints may be filed against postsecondary educational institutions operating in the District of Columbia. Consumers who have experienced legal or ethical problems should complete this form and submit all supporting documents. Documents should include copies of all signed or agreed to certificates, or any other legal documents used to support your complaint. Additional sheets may be attached if necessary.

DATE OF COMPLAINT: _____

DATE RECEIVED: _____

(Office use only)

COMPLAINT IS SUBMITTED BY:

Name of Person Submitting Complaint:

Address: _____ State _____ Zip _____ E-mail Address _____

Day Phone #: _____ Evening Phone #: _____ Fax # _____

COMPLAINT IS FILED AGAINST:

Alleged Violator: _____
(Include Full name, Alias, and Company name)

Alleged Violator's Company Address: _____
_____ State _____ Zip _____

Day Phone #: _____ Evening Phone #: _____ Fax #: _____

Have you followed the institution's procedures regarding this complaint? What was the outcome?

NATURE OF COMPLAINT: _____

I hereby declare and affirm under the penalties of perjury that the matters and facts set forth in the foregoing complaint are true and correct to the best of my knowledge, information and belief.

Date

Signature of Complainant

**Mail Complaint To:
Ms. Dorothy Thomas
Education Compliance Specialist
Office of the State Superintendent of Education (OSSE)
Education Licensure Commission
810 First Street, NE
9th Floor
Washington, DC 20002**