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

Complaints may be filed with the Higher Education Licensure Commission (“HELC”, “Commission”) 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. This form must be signed and dated by the individual making the complaint and should be mailed to the Office of the State Superintendent of Education – Higher Education Licensure Commission 810 First St, NE 2nd Floor Washington, DC 20002. Additional sheets may be attached if necessary. Complaints are made available to the institution/alleged violator so that they may file a response to the allegations. **The HELC cannot act on anonymous complaints.**

Investigation and resolution of complaints take varying amounts of time. If the HELC takes formal disciplinary action, you may obtain a copy of that final order from its website at www.osse.dc.gov. If the HELC closes your complaint with a finding that there has been no violation committed, the HELC will notify you of such in writing.

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**COMPLAINTANT INFORMATION**

Name of Person Submitting Complaint:Click here to enter text.

Address: Click here to enter text. City: Click here to enter text. State Click here to enter text. ZipClick here to enter text.

Day Phone #:Click here to enter text. E-mail Address:Click here to enter text.

Are (or were) you a student of the institution? YES 🞏 NO 🞎

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

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date of Program: | Last Date of Attendance: | Degree level: | Major/Concentration: |
|  |  |  |  |

If **NO**, indicate your relationship with the institution (e.g. parent of student, school official, etc.) Note, if the student is of legal age, the student must file and sign the complaint.

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**DETAILS OF COMPLAINT**

Alleged Violator: Click here to enter text.

(Include Full Name, Alias, and Company Name)

Alleged Violator’s Address: Click here to enter text.

City:Click here to enter text. State:Click here to enter text. Zip:Click here to enter text.

Day Phone #:Click here to enter text. E-mail Address:Click here to enter text.

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

Click here to enter text.

1. How have you attempted to resolve the complaint with the institution? What was the outcome?

Click here to enter text.

1. How would you like to see the complaint resolved?

Click here to enter text.

1. Have you filed this complaint with another organization? YES 🞏 NO 🞎

If YES, provide:

Name of organization Click here to enter text.

OutcomeClick here to enter text.

1. Have you contacted a private attorney? YES 🞏 NO 🞎
2. Have you started a court action? YES 🞏 NO 🞎

If YES, provide specifics:

Click here to enter text.

**CERTIFICATION**

***I hereby certify that I am the named complainant and declare and affirm under the penalties of perjury that the matters and facts set forth in the complaint are true and correct to the best of my knowledge and belief. I understand that this complaint and the information provided will be shared with the institution.***

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| --- | --- |
| Signature of Complainant: | Date: |