

Student Complaint Form

Pennsylvania's State System of Higher Education

Academic and Student Affairs Division, Office of the Chancellor,
2300 Vartan Way, Suite 207, Harrisburg, PA 17110; studentcomplaints@passhe.edu

Grievances, complaints, or concerns must first be addressed directly with the university. If a student believes that the issue cannot be resolved by the university, a complaint may be filed with Pennsylvania's State System of Higher Education (State System) using this form, which must be completed in its entirety. For a complaint to be reviewed, please email or mail the completed form and supporting documentation to the above address.

Student Name State of Residency

Current Mailing Address

Email Address Phone Number

University Attended

Program of Study

Level of Study:
 Undergraduate Master's Doctorate Other

Dates of Attendance Student ID Number

Did you follow the university's procedures to resolve your complaint?
 Yes No If no, please explain. _____

How did you contact the university? Please specify who was contacted and on what date(s).
 Phone Call _____
 In Person _____
 Letter _____
 Email _____
 Other _____

What outcome did you seek from the university?

Have you contacted an agency or organization external to the university about this matter?
 Yes No If yes, please give the name of the office. _____

Have you contacted an attorney?
 Yes No If yes, please give the name of the attorney. _____

Describe your complaint in detail on a separate page. Specify dates, persons with whom you dealt, etc. Attach documentation that will help describe the problem and substantiate your complaints. Do not submit original documents as they will not be returned.

Signature. *By signing this form, the student acknowledges that the State System and university may share the complainant's information in order to investigate the complaint.*

I authorize the university to release my educational records to and/or discuss my educational records with the State System for the purpose of completing this investigation. This document is an acknowledgement of my voluntary consent and desire to release this information in compliance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C.A. § 1232g.

Student Signature (or Guardian if student is a minor) Date