The State Education Department  
OFFICE OF HIGHER EDUCATION  
Office of College and University Evaluation  

COMPLAINT FORM

Mail completed form to:

New York State Education Department  
Office of College and University Evaluation  
Education Building  
5 North Mezzanine  
89 Washington Avenue  
Albany, New York 12234

Please use this form to record all information about your complaint. Refer to the attached *Information for Complainants* before completing the form. The State Education Department will review your complaint and determine whether there is a basis for Department action.

Please print or type all information.

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<tbody>
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<td>1. Name</td>
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<td>2. Street Address</td>
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<td>City</td>
<td>State</td>
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<td>3. Telephone Number</td>
<td>Day</td>
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<td>(Include area code)</td>
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<td>4. Social Security Number</td>
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<td>5. Name of the institution which your complaint concerns</td>
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<td>6. Address of the institution</td>
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<td>7. Did you follow the institution’s internal complaint resolution procedure?</td>
<td>Yes</td>
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<td>If yes, attach documentation of the outcome. The Office of College and University Evaluation cannot address your complaint until you have followed this procedure and it has been concluded. Provide a copy of the institution’s complaint resolution procedure.</td>
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8. Check the applicable box which best describes your status with the institution:  
   Student  Faculty  Other _____(describe)
9. If a student: Are you still at this institution: 

Yes  No

If no, please check box which applies:  

Graduated  Terminated  Withdrew  

Date

If faculty, please check box which applies:  

Currently Employed

Hiring Date

Former Employee  

Resignation/termination date

10. Please provide a brief explanation of your complaint. Attach additional pages if necessary and copies of all relevant documents.

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I hereby acknowledge that by signing this complaint form I am giving the Commissioner of Education or his representative authority to review any of my student records in order to respond to this complaint. I also authorize the Commissioner or his representative to transmit this complaint to the institution for their response.

Signature  

Date