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## COMPLAINT FORM

To file a complaint against a private postsecondary institution subject to the laws of the Postsecondary Education Act, please fill out and submit this form to the Bureau for Private Postsecondary Education at the address or fax listed above.

**(Please type or write legibly in ink)**

<b>COMPLAINT REGISTERED AGAINST</b>			
NAME OF SCHOOL			
ADDRESS		PHONE NUMBER	
CITY	STATE	ZIP	
<b>PERSON FILING COMPLAINT</b>			
<input type="checkbox"/> <b>CHECK THIS BOX IF YOU WANT TO REMAIN ANONYMOUS.</b>			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME	FIRST	MIDDLE INITIAL
MAILING ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	DAYTIME PHONE	EMAIL	
<b>DETAILS OF COMPLAINT</b>			
<b>Are you filing a complaint on behalf of someone else?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
NAME OF STUDENT IF DIFFERENT FROM PERSON FILING COMPLAINT	LAST NAME	FIRST	MIDDLE INITIAL
STUDENT STATUS			
<input type="checkbox"/> CURRENTLY ATTENDING <input type="checkbox"/> TERMINATED <input type="checkbox"/> GRADUATED <input type="checkbox"/> OTHER _____			
EDUCATIONAL PROGRAM			
<b>HAVE YOU OR DO YOU INTEND TO FILE A COMPLAINT WITH ANY OTHER ENTITY REGARDING THIS MATTER?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IF YES, PROVIDE THE FOLLOWING INFORMATION:</b>			
NAME OF ENTITY		CONTACT PERSON	
DATE OF COMPLAINT		STATUS OF COMPLAINT	

**DETAILS OF COMPLAINT (continued)**

**IN DETAIL, DESCRIBE YOUR COMPLAINT, INCLUDE DATES. ATTACH ADDITIONAL PAGES IF NEEDED.**

**HAVE YOU ATTEMPTED TO RESOLVE THIS MATTER WITH THE SCHOOL?     YES    NO**  
**IF YES, WHOM DID YOU SPEAK WITH, WHAT WAS THE DATE (S) AND THE RESULTS?**

**WHAT DO YOU WANT THE BUREAU TO DO FOR YOU?**

## AUTHORIZATION

DOES THE BUREAU HAVE PERMISSION TO SEND A COPY OF THIS COMPLAINT TO THE PARTY YOU ARE COMPLAINING ABOUT?    **YES**    **NO**

CAN WE SEND A COPY OF THIS COMPLAINT TO ANY PRIVATE ACCREDITING AGENCY FROM WHICH THE INSTITUTION YOU ARE COMPLAINING ABOUT IS ACCREDITED?    **YES**    **NO**

DOES THE BUREAU HAVE PERMISSION TO MEDIATE YOUR COMPLAINT OVER THE PHONE?    **YES**    **NO**

**YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

THE FILING OF THIS COMPLAINT DOES NOT PROHIBIT YOU FROM CONCURRENTLY FILING A CIVIL ACTION AND DOES NOT AFFECT YOUR REPAYMENT OBLIGATION UNDER ANY STUDENT LOAN AGREEMENT.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. IF CALLED UPON, I WILL ASSIST IN THE INVESTIGATION OR IN THE PROSECUTION OF THE SUBJECT OF THIS COMPLAINT OR OTHER INVOLVED PARTIES, AND WILL, IF NECESSARY, SWEAR TO A COMPLAINT, ATTEND ANY HEARING AND TESTIFY TO FACTS. I FURTHER AUTHORIZE THE BUREAU AND ITS OFFICIAL REPRESENTATIVES TO ACCESS MY STUDENT RECORDS.

**YOUR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### **Collection and Use of Personal Information.**

The Department of Consumer Affairs and the Bureau for Private Postsecondary Education (BPPE) collects the information requested on this form to follow up on your complaint.

### **Providing Personal Information Is Voluntary.**

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

### **Access to Your Information.**

You may review the records maintained by the BPPE that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### **Possible Disclosure of Personal Information.**

We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the school you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records act request, as allowed by the Information Practices Act.
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

### **Contact Information**

For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 N. Market Blvd., Sacramento, CA 95834, or email [dca@dca.ca.gov](mailto:dca@dca.ca.gov).