

Student Complaint Process

The U.S. Department of Education's "Program Integrity" regulations require that each state has a student complaint procedure in order for public and private higher education institutions to be eligible for Title IV funds. The West Virginia Council for Community and Technical College Education (Council), West Virginia Department of Education (Department), and West Virginia Higher Education Policy Commission (Commission) are responsible for monitoring all written and signed student complaints against post-secondary institutions authorized or permitted to operate in West Virginia.

All West Virginia institutions of higher education must establish, publish and adhere to a procedure for handling student grievances. It is the institution's responsibility to respond to student complaints and grievances in accordance with the institution's student grievance policy. The complaint should be brought to the attention of the institution in an informal fashion. Many issues can be handled quickly and informally once the institution is aware of the concern or issue. If the problem cannot be resolved informally, the complainant should follow the formal complaint or grievance process of the institution. It is important to keep records and documentation that provide evidence of the problem and the complainant's efforts to solve it through the institution's internal process.

If, after exhausting internal grievance procedures, the post-secondary institution has not responded to the complainant's satisfaction or a satisfactory remedy has not been found, the complainant may contact the Council/Commission/Department for further investigation into the issue.

In order for Council/Commission/Department to initiate an investigation, the following must be true:

1. The student must have exhausted all available grievance procedures established by the post-secondary institution.
2. The student must complete the "Student Complaint Form" and submit the form to the Council/Commission/Department. The student's complaint must contain a detailed description of the claim, including dates, times and full names of all involved, as well as the actions taken by both the student and the institution to attempt to resolve the matter. The Student Complaint Form must be signed, attesting to the truth and accuracy of the complaint, and notarized, verifying the identity of the individual filing the complaint.
3. The student must sign and submit the Family Educational Rights and Privacy Act (FERPA) Consent and Release Form.

4. The student must understand that the Council/Commission/Department will not investigate anonymous complaints. By signing and submitting the Student Complaint Form, the student acknowledges that the Council/Commission/Department may share the information provided with the school, other relevant organizations, and individuals, in order to help resolve the matter in dispute. The Council/Commission/Department does not guarantee a student-acceptable remedy or resolution resulting from this submission or its investigation into the allegation.

5. The student understands and agrees that the decision rendered by the Chancellor of the Council/Commission or Superintendent of the Department is final.

Upon receipt of the completed and signed Student Complaint Form and the FERPA Form, the Council/ Commission/Department will open an investigation if the matter being disputed falls within its jurisdiction. As appropriate, the Council/Commission/Department will conduct the investigation or refer the issue to another agency that is authorized to address the issue.

All complaints will be handled as expeditiously as possible and shall not exceed two (2) years from time of submission.

STUDENT COMPLAINT FORM

Student Information		
Full Name		
Address		
City	State	Zip
Home Phone Number	Work Phone Number	
Cell Phone Number	Email	
How do you prefer we contact you?		
<input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell <input type="checkbox"/> email		
School Information		
School Name		
School Address		
School City	State	Zip
Complaint Information		
1. Did you follow the school's grievance procedure to resolve your complaint with the school? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> Who did you contact? (list all with names and titles)		
2. Have you filed this complaint with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Organization's Name:		
3. Do you have an attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes Name:		

4. **Please attach a statement describing the nature of the complaint. The statement should include a description of the events or circumstances upon which the complaint is based and all supporting documentation for your complaint must be attached. Specify any pertinent dates, staff you dealt with, monies owed, balances due, etc.**

The information you provide will be used in efforts to resolve your complaint and will be shared with the school. By submitting this complaint and the accompanying FERPA Consent and Release Form, you are giving the West Virginia Council for Community and Technical College Education, West Virginia Department of Education or West Virginia Higher Education Policy Commission permission to contact school officials to discuss a possible resolution to your complaint.

Signature: _____ **Date:** _____

STATE OF WEST VIRGINIA
COUNTY OF _____

I, _____ a notary public in and for said state do hereby certify that _____, whose name is signed to the writing above, has this day acknowledged the same before me.

Given under my hand this _____ day of _____,
My Commission expires _____

Notary Public

{stamp}

Council/Commission/Department Use Only:

Date Received:

CCTCE Jurisdiction? Yes No

HEPC Jurisdiction? Yes No

WVDE Jurisdiction? Yes No

Classification of Complaint: Ac Adm Fin FA Oth

Mail or Fax all complaints with associated documents to:

Executive Vice Chancellor for Administration
West Virginia Council for Community and Technical College Education
West Virginia Higher Education Policy Commission
1018 Kanawha Boulevard, East
Suite 700
Charleston, WV 25301
Fax: 304-558-5719

**Family Educational Rights and Privacy Act (FERPA)
Consent and Release Form**

I, _____,
(Print) First Name MI Last Name

the undersigned, hereby authorize

Print Name of Institution

(hereafter referred to as "the institution") and its authorized representatives to photocopy and release specifically requested material documents or the complete and entire contents of my student financial academic, personal, and all other records held by the institution upon request by the West Virginia Council for Community and Technical College Education (Council) and West Virginia Higher Education Policy Commission (Commission) and West Virginia Department of Education (Department) and/or its authorized representatives or assigns. These records may include, but not be limited to, the following:

1. All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the Academic, Admissions, Placement/Career Services, Financial Aid, or any similar file).
2. All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).
3. All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information contained in student account records).
4. Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available).
5. Other (please specify):

Please note: Medical records and services for students with disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained for that information.

I authorize the above named institution to release my records to the Council/Commission/Department and its authorized representatives so that the Council/Commission/Department and its authorized representatives may investigate and act upon a complaint I filed with the Council/Commission/Department concerning the institution.

I further authorize the above institution and its authorized representatives to discuss my student records with the Council/Commission/Department and its authorized representatives so that the Council/Commission/Department and its authorized representatives may investigate and act upon my complaint.

I acknowledge by my signature that I understand that although I am not required to release my records to these individual(s) or entities, I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the written revocation is delivered to the institution and the Council/Commission/Department or its authorized representatives or assigns and processed. I understand that any such revocation shall not affect disclosures previously made by the institution or the Council/Commission/Department prior to the receipt and processing of any such revocation.

I agree to hold the Council/Commission/Department and the above institution harmless from any and all liability for the release of my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies.

Signature: _____

Printed Name: _____

Date: _____