





**Complaint Information:**

Please indicate which of the following pertain to the nature of your complaint:

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| <input type="checkbox"/> Advertising violation | <input type="checkbox"/> Discrimination  | <input type="checkbox"/> Financial Aid     |
| <input type="checkbox"/> Fraud/ Embezzlement   | <input type="checkbox"/> Medical/Disability<br><i>* If the complaint is medical in nature, please complete the HIPPA release form.</i> | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Unlicensed Activity   | <input type="checkbox"/> Veteran's Affairs   | <input type="checkbox"/> Other:<br>_____   |

Have you filed a formal complaint with the institution and completed all steps of the institution's complaint procedure?  Yes  No

If Yes, attach all relevant documentation of the formal complaint, including any response you received from the institution. Do not submit original documents as they may not be returned. Provide the name(s) of the attachments here:

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If No, explain below why you were unable to complete the complaint process. Note, NMHED will typically only address complaints after a student has completed the complaint procedure at the institutional level.

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Please describe your complaint below. *Attach additional pages if necessary.*

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Attach any additional documentation which will help describe the problem and substantiate your allegations, such as an enrollment contract, correspondence with or from the institution, etc. Do not submit original documents as they may not be returned. Provide the name(s) of the attachments here:

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Have you filed a formal complaint with the institution's accrediting agency? *For additional information on accreditation please visit the U.S. Department of Education's Database on Accredited Postsecondary Institutions and Programs at <https://ope.ed.gov/accreditation/>*

Yes  No

If Yes, please attach all relevant documentation, including any response you received from the accrediting agency and describe the outcome of the complaint below.

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What specific resolution are you seeking from the institution?

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**Student Complaint Form - Acknowledgement**

I, \_\_\_\_\_ understand my name and a copy of my complaint may be sent to the appropriate entities, including the Institution, in order for the New Mexico Higher Education Department (NMHED) to pursue my complaint. I authorize such action by NMHED.

Additionally, I understand my complaint may be subject to New Mexico's Inspection of Public Records Act (NMSA 1978, Chapter 14, Article 2).

I certify the information I have provided is complete, true and correct to the best of my knowledge.

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| Signature | Date |

*\*Student Complaint Form - Acknowledgement must be signed in the presence of a Notary Public.*

**To be completed by a Notary Public:**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Seal