

Middle Initial

STUDENT COMPLAINT FORM

New Mexico Higher Education Department Complaint Policy:

The New Mexico Higher Education Department (NMHED) has authority to help facilitate resolution to student complaints, only after the student has utilized all internal complaint procedures at the educational institution. After receiving a Student Complaint Form, NMHED staff will review the form and attachments. NMHED may contact the student via email for additional information or clarification. If the initial review indicates the complaint falls within the purview of NMHED we shall attempt to facilitate a resolution to the complaint by sending a copy of the complaint to the institution against which the complaint has been made. All parties will be notified of the outcome of the complaint. Additional information about the complaint process is available on the NMHED website at: https://hed.nm.gov/students-parents/student-complaints.

If you have questions about the NMHED complaint process please contact our office via email at: <u>HigherEd.Info@hed.nm.gov</u>. Once complete, the Student Complaint Form and supporting attachments should be emailed to the attention of the New Mexico Higher Education Department at: HigherEd.Info@hed.nm.gov.

First Name:

Student Contact Information:

Last Name:

Mailing Address:					
	Address Line 1		City	State	Zip
Primary Contact Phone:		Secondar	y Contact	Phone:	
Primary Email Address:		Secondary Email Address:			
*Majority of comm	unication will be sent via em	nail		<u> </u>	
Educational Institution	on Information:				
		<u> </u>			
Name of Institution:					
City, State:					
Student's Program o	of Study at the Institution				
Dates of Attendance	2:				
Graduation Date (if	applicable):				
Student Identification	on Number:				
Which of the following apply to the Institution?		Private In-State (New	•	Publi Out-	ic of-State

SARA Institution (http://nc-sara.org/)



Complaint Information:

Please indicate which of th	e following pertain to the	nature of your complain	nt:
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Advertising violation	Discrimination	Financial Aid
Fraud/ Embezzlement	Medical/Disability * If the complaint is medical in nature, please complete the HIPPA release form.	Sexual Misconduct
Unlicensed Activity	Veteran's Affairs	Other:
Have you filed a formal complain procedure? Yes No	t with the institution and completed all	steps of the institution's complaint
	station of the formal complaint, including al documents as they may not be retu	
	e unable to complete the complaint procedure and the completed the complaint procedure and the complaint procedure	



Please describe your complaint below. Attach additional pages if necessary.
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:
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, <u>please attach all relevant documentation</u> , including any response you received from the accrediting agency and describe the outcome of the complaint below.



What specific resolution are you seeking from the institut	tion?
Student Complaint Form	m - Acknowledgement
I, understand my appropriate entities, including the Institution, in order (NMHED) to pursue my complaint. I authorize such action	- · · · · · · · · · · · · · · · · · · ·
Additionally, I understand my complaint may be subject to 1978, Chapter 14, Article 2).	•
I certify the information I have provided is complete, true	and correct to the best of my knowledge.
Signature	Date
* <u>Student Complaint Form - Acknowledgement</u> must be sig	gned in the presence of a Notary Public.
To be completed by a Notary Public:	
State of:County o	of:
This instrument was acknowledged before me on this	day of, 20
by	
My commission expires:	
	Notary Public Seal