



P.O. Box 980818
 West Sacramento, CA 95798-0818
 Phone: (916) 574-8900 or (888) 370-7589
 Fax: (916) 263-1895
www.bppe.ca.gov



COMPLAINT FORM

To file a complaint against a private postsecondary institution subject to the laws of the California Postsecondary Education Act, please complete and submit this form, along with all supporting documents, to the Bureau for Private Postsecondary Education at the address or fax number listed above. The text of the Act and corresponding regulations is available on the Bureau for Private Postsecondary Education's (BPPE) website at www.bppe.ca.gov.

(Please type or write legibly in ink)

COMPLAINT FILED AGAINST

NAME OF SCHOOL		
ADDRESS		PHONE NUMBER
CITY	STATE	ZIP

PERSON FILING COMPLAINT

Your Relationship to the School:

- Student Former
 Current Employee
 Veteran
 Licensee
 Government Agency
 Other: _____

California Resident? Yes No

California Resident during time of attendance? Yes No

Are you currently or have you previously served in the Military? Yes No

LAST NAME	FIRST	MIDDLE INITIAL
MAILING ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE	EVENING TELEPHONE	EMAIL ADDRESS

STUDENT FUNDING/LOAN INFORMATION

Do you have a student loan agreement/contract with the school? Yes No

If yes, what form of payment(s) have been made to the institution on your behalf?

State funds (Program Name): _____

Federal Financial Aid funds (Program Name): _____

- Workers' Compensation funds
 US Department of Education
 Private Funding
 Other, please specify: _____

Military Education/VA Benefit Funds (Title 38). If so, are you: Service person/veteran receiving benefit Eligible family member/beneficiary

Did you receive funds in the form of Voucher/s? Yes No

DETAILS OF COMPLAINT

Are you filing a complaint on behalf of someone else? Yes No

Name of student if different from person filing complaint:

Last Name: _____ First Name: _____

Middle Initial: _____

Telephone Number of Student: _____

Email Address of Student: _____

Relationship to Student: _____

Student Status:

Currently Attending Terminated Withdrew Graduated Other: _____

Educational Program: _____

Date of Enrollment: _____

Have you or do you intend to file a complaint with any other entity regarding this matter?

Yes No

If yes, provide the following information:

Name of Entity: _____

Name of Contact Person: _____

Telephone Number: _____

Date Complaint Filed: _____ Status of Complaint: _____

Have you attempted to resolve this matter with the school? Yes No

If yes, with whom did you speak, what was the date(s) of the conversation, and what was decided?

DETAILS OF COMPLAINT (continued)

Describe your complaint in detail, including dates, and your requested resolution. Attach additional pages if needed, along with supporting documents.

Evidence/Documents Provided: Enrollment Agreement Student Catalog Proof of Payments or educational debt incurred Other: _____

Large empty rectangular box for providing details of the complaint and attaching supporting documents.

Continued:

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. However, the BPPE Complaint Investigations Unit may not be able to contact you and/or assist you in resolving 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.

I declare under penalty of perjury that the forgoing statement and attachments are true and correct to the best of my knowledge.

Signature of Complainant

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