



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](http://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](http://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](mailto: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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