

# SARA Complaint Resolution Form

# State of Nevada

## Portal Agency: Nevada System of Higher Education

This form is for any current or former student enrolled in an online course leading to a degree or certificate provided by a SARA approved institution of postsecondary education in the State of Nevada who is filing a complaint against that institution.

- An allegation that the postsecondary institution violated deceptive trade practices, consumer protections, or other provisions under *Title 4, Chapter 14, Section 26* of the Board of Regents *Handbook*.
- An allegation that a postsecondary institution does not meet the standards established by the institution's accrediting agency or state authorization requirements under the regional SARA compact or NC-SARA; or

Note: Complaints involving student grades or student conduct violations are governed entirely by institutional policy.

## <u>Complaints must first go through the institution's complaint process before the complaint is brought to the SARA</u> <u>Portal Agency in Nevada.</u>

COMPLAINANT INFORMATION (All fields are requ	<u>iired)</u>			
Name of Complainant:				
Affiliation with the college or university named bel Current Student Former Student	low:			
Mailing Address:				
Address	City	State		Zip Code
Phone Number:				
Email:				
INSTITUTION INFORMATION				
Name of Institution:			-	
Location of Institution:				
Address	City		State	Zip Code
Degree or Certificate Program (example: AS in Acco	ounting) of affected student:			
Degree or Certificate Program Name:				
Major:				
Dates of Attendance at Institution:				
Start Date:	End Date:			

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#### **COMPLAINT INFORMATION:**

Have you gone through the institution's formal complaint process?		Yes		No
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**SECTION A**: If you answered 'yes,' please provide a detailed description of how you exhausted the complaint process. (If you answered 'no,' please go to Section B.) Please attach all documentation related to the filing of your complaint and the subsequent responses showing that you have exhausted your appeals at the institutional level.

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**SECTION B:** If you answered 'no,' please explain below why you were unable to complete the complaint process. Note that NSHE will only address complaints after a student has exhausted his/her appeals at the institutional level. Please attach documentation as necessary.

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**SECTION C:** Please describe your complaint in detail, including the names of any college or university faculty or staff you spoke with about the complaint. Please attach existing documentation that may substantiate the complaint, which may include: institutional documents, catalogs, transcripts, contracts, brochures, course syllabi, email or other correspondence regarding the complaint between the complainant and the institution.

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**SECTION D:** Please give the titles and contact information for the individuals (if any) you mentioned in the above sections.

#### **SUBMISSION OF COMPLAINT FORM:**

Please send this form and copies of any documentation that support your complaint and/or show that you have gone through the institution's complaint procedures to: <u>Crystal\_Abba@nshe.nevada.edu</u> or mail them to:

Crystal Abba, Vice Chancellor for Academic and Student Affairs SARA Portal Agency Nevada System of Higher Education 2601 Enterprise Road Reno, NV 89512

By submitting this form, I affirm that I am a current or former student of the institution named above. I agree to allow the Nevada System of Higher Education to submit a copy of my complaint and supporting materials to the above-named institution for a response. I further authorize the institution to transmit student records related to me affected by the institution's actions to the Nevada System of Higher Education mission for review. I understand that I may have to submit an information release form to the institution. I understand the decision/ruling of the Nevada System of Higher Education is final. I certify that the information I have provided to the Nevada System of Higher Education is complete, true, and correct to the best of my knowledge and belief.

Name:	Date:
Signature:	