

Commission on Postsecondary Education
2800 E. St. Louis Avenue
Las Vegas, NV 89104

Email to: mjwu@det.nv.gov
Fax: 702-486-7340

STUDENT COMPLAINT FORM

To file a complaint against a postsecondary institution subject to the laws of the Nevada Commission on Postsecondary NRS and NAC Chapters 394, please fill out and submit this form to the address or fax listed above.

(Please type or write legibly in ink)

COMPLAINT REGISTERED AGAINST		
NAME OF SCHOOL		
ADDRESS		PHONE NUMBER
CITY	STATE	ZIP
STUDENT FILING COMPLAINT		
LAST NAME	FIRST	MIDDLE INITIAL
MAILING ADDRESS		
CITY	STATE	ZIP
EMAIL	STUDENT ID NUMBER	
AUTHORIZATION		
THE FILING OF THIS COMPLAINT DOES NOT PROHIBIT YOU FROM CONCURRENTLY FILING A CIVIL ACTION AND DOES NOT AFFECT YOUR REPAYMENT OBLIGATION UNDER ANY STUDENT LOAN AGREEMENT.		
I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE STATEMENTS WITHIN THIS DOCUMENT ARE TRUE AND CORRECT.		
STUDENT SIGNATURE: _____		DATE: _____
DETAILS OF COMPLAINT		
STUDENT STATUS		
<input type="checkbox"/> CURRENTLY ATTENDING <input type="checkbox"/> TERMINATED <input type="checkbox"/> GRADUATED <input type="checkbox"/> WITHDRAW <input type="checkbox"/> OTHER _____		
LAST DATE OF ATTENDANCE/TERMINATION/WITHDRAWAL		
EDUCATIONAL PROGRAM		

STUDENT NAME	SCHOOL
ALLEGATION 1:	
SUPPORT DOCUMENTATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLEGATION 2:	
SUPPORT DOCUMENTATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLEGATION 3:	
SUPPORT DOCUMENTATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLEGATION 4:	
SUPPORT DOCUMENTATION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU ATTEMPTED TO RESOLVE THIS MATTER WITH THE SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHOM DID YOU SPEAK WITH, WHAT WAS THE DATE (S) AND RESULTS?	
WHAT DO YOU WANT THE NEVADA COMMISSION ON POSTSECONDARY EDUCATION TO DO FOR YOU?	