**New York State Education Department**

Complaint Form: Filing a Complaint about a New York College or University

Please review <http://www.nysed.gov/college-university-evaluation/complaints> before completing this form.

* The Department does not consider anonymous complaints.
* The Department does not intervene in matters concerning an individual’s grades or examination results, as these are the prerogative of the college’s faculty.
* The Department does not handle complaints about actions that occurred more than five years ago.
* The Department does not intervene in matters that are or have been in litigation.

If you have a complaint about a college or university, your first course of action is to attempt to resolve the complaint directly with the administration of the institution involved. Every New York college and university is required to establish, publish, and enforce explicit policies related to redress of grievances. ***The Department will not review a complaint until all grievance procedures at the institution have been followed and all avenues of appeal exhausted***. Document your attempts to resolve the complaint.

Complaints about **State University of New York** (SUNY) and **City University of New York** (CUNY) institutions that cannot be resolved at the campus level should be directed to the central administrations of those systems.

**Please print or type all information.** The Department will review your complaint to determine if there is a basis for Department action.

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| 1. **Name**:
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| 1. **Street Address**:
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| City: State: Zip Code:  |
| 1. **Contact Information**: Phone: Email:
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| 1. **Last 4 digits of Social Security number**:
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| 1. **Name of the institution that is the subject of your complaint**:
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| 1. **Address of the institution**:
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| 1. Attach documentation/description of your appeal(s) through the institution’s complaint resolution procedure, including informal and formal mechanisms. ***The Department will not review your complaint until you have exhausted all avenues of appeal within the institution.***
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| 1. **Check the item that best describes your status at the institution**:

[ ]  Student [ ]  Faculty [ ]  Other (describe):  |
| 1. If you are a ***student***, are you still at the institution? If the answer is “no,” please indicate if you graduated, were terminated, or withdrew, including date:

If ***faculty***, please indicate if you are currently employed (including hiring date). If you are no longer faculty at the institution, please indicate your resignation/termination date:  |
| 1. **Please provide a brief explanation of your complaint. You may attach your explanation as a separate document, along with copies of any documents that support your complaint.**
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***Signature Required:***

I hereby acknowledge that by signing this complaint form I am (1) giving the Commissioner of Education or her/his representative authority to review any of my student or other records to respond to this complaint, and (2) authorizing the Commissioner or her/his representative to transmit this complaint to the institution for its response.

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| **Signature**:  | **Date**:  |

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| ***Please mail the completed form as a PDF to the appropriate office*** ►►► | *For complaints about general academic matters and teacher certification programs:*New York State Education Department Office of College and University Evaluation 89 Washington AvenueEBA Room 960Albany, NY 12234ocueinfo@nysed.gov | *For complaints about programs that prepare* [licensed professionals](https://www.op.nysed.gov/prof/):New York State Education Department Office of the ProfessionsProfessional Education Program Review 89 Washington AvenueAlbany, NY 12234 opprogs@nysed.gov |