Delaware Department of Education

SARA STUDENT COMPLAINT FORM

Please note that this form should be completed <u>only</u> if the individual filing this complaint has exhausted all complaint resolution policies and procedures at the Institution of Higher Education listed below.

1. Student's Contac	t Informatio	on (All fields	must be	completed.)	
Student's Full Name					
Mailing Address					
Permanent Address (if different from your mailing address listed above)					
Email Address					
Preferred Phone Number					
Preferred method of contact (check one)	☐ Phone		Email	□ Mail	
	her Educati	on's Contac	t Informa	ntion (All fields n	nust be completed.)
Name of Institution					
Main Campus Mailing					
Address					
3. Student's Enrolli	mant Inform	nation (All fi	alde muet	he completed)	
Dates of attendance at		iation (7xii ii	cius iliust	be completed.)	
the institution listed above	End Date:				
What is your current affiliation with the institution listed above? (check one)	☐ Current Student	☐ Former Student	of a c	or legal guardian current or former ent who is a minor	☐ Other (please describe)
the incident about	which you as Institution of	re complaini of Higher Ed	ng, and the lucation w	e names, titles, an	f the complaint, the date o d contact information of al with about the complaint

5.	Have you followed all of the Institution of Higher Education's complaint resolution policies and procedures?							
	☐ Yes (Please proceed to Questions 6 and 7.)							
	☐ No (Please skip Questions 6 and 7 and proceed to Question 8.)							
6.	If you answered "Yes" to Question 5, please describe each policy and procedure that you followed and submit documentation, in chronological order, showing that you have exhausted your complaint resolution policies and procedures at the institutional level. This should include copies of formal letters/forms submitted by you to the institution and formal letters/forms addressed to you and signed by institutional staff members detailing the institution's decision regarding your complaint.							
7.	If you answered "Yes" to Question 5, please describe the final outcome of your complaint to the Institution of Higher Education and why you are not satisfied with the outcome.							
8.	If you answered "No" to Question 5, please explain why you did not follow all of the Institution of Higher Education's complaint resolution policies and procedures.							

Verification of Complaint and Consent

By submitting this form, I affirm that I have met all of the requirements for filing a student complaint as provided for under the DDOE's SARA Student Complaint Policy. I agree to the DDOE functioning as the SARA State Portal Agency for Delaware. Further, I waive my right to privacy under the Family Educational Rights and Privacy Act (FERPA) as it relates to this complaint, and I authorize the Institution of Higher Education listed in Question 2 to transmit all pertinent student records related to me under this complaint to the DDOE in the course of this review. I also give consent to the DDOE and its authorized representatives to contact the Institution of Higher Education listed in Question 2 concerning my complaint.

I understand that the DDOE will review all materials and submissions from me and the Institution of Higher Education listed in Question 2 relating to this complaint. I agree that I will provide any additional requested information or respond to questions from DDOE related to the review of my complaint. I understand that if I fail to provide requested information or respond to questions, DDOE may dismiss my complaint. I certify that the information given in this complaint is complete, true, and accurate to the best of my knowledge.

Signature:			
Print Name:			
Date:			

This completed form, and any attachments (do not send originals), should be submitted to:

Delaware Department of Education Delaware Higher Education Office Attn: SARA Student Complaints 401 Federal Street, Suite # 2 Dover, DE 19901

or submit this form and scanned documents to:

dheo@doe.k12.de.us