Student Complaint Form

New Mexico Higher Education Department (NMHED) Complaint Policy:

NMHED has authority to help facilitate resolution to student complaints, only after the student has utilized all internal complaint procedures at the educational institution. After receiving a Student Complaint Form, NMHED staff will review the form and attachments. NMHED may contact the student via email for additional information or clarification. If the initial review falls within the purview of NMHED we shall attempt to facilitate a resolution to the complaint by sending a copy of the complaint to the institution against which the complaint has been made. All parties will be notified of the outcome of the complaint.

If you have additional questions about the complaint process please contact our office via email at: HigherEd.Info@state.nm.us.

Once complete, the form and supporting attachments should be emailed to the attention of the New Mexico Higher Education Department at: HigherEd.Info@state.nm.us

Student Contact Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address Line 1</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Primary Contact Phone:</td>
<td>Secondary Contact Phone:</td>
<td></td>
</tr>
<tr>
<td>Primary Email Address:</td>
<td>Secondary Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

*Majority of communication will be sent via email

Educational Institution Information:

<table>
<thead>
<tr>
<th>Name of Institution:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State:</td>
<td></td>
</tr>
<tr>
<td>Student’s Program of Study at the Institution</td>
<td></td>
</tr>
<tr>
<td>Dates of Attendance:</td>
<td></td>
</tr>
<tr>
<td>Graduation Date (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Student Identification Number:</td>
<td></td>
</tr>
</tbody>
</table>

Which of the following apply to the Institution?  
- [ ] Private  
- [ ] Public  
- [ ] In-State (New Mexico)  
- [ ] Out-of-State  
- [ ] Distance Learning  
- [ ] SARA Institution ([http://nc-sara.org/](http://nc-sara.org/))
**Complaint Information:**

Please indicate which of the following pertain to the nature of your complaint:

- Advertising violation
- Discrimination
- Financial Aid

- Fraud/ Embezzlement
- Medical/Disability
  * If the complaint is medical in nature, please complete the HIPPA release form.
- Sexual Misconduct

- Unlicensed Activity
- Veteran’s Affairs
- Other: ______________________________

Have you filed a formal complaint with the institution and completed all steps of the institution’s complaint procedure?  Yes  No

If Yes, attach all relevant documentation of the formal complaint, including any response you received from the institution. Do not submit original documents as they may not be returned. Provide the name(s) of the attachments here:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If No, explain below why you were unable to complete the complaint process. Note, NMHED will typically only address complaints after a student has completed the complaint procedure at the institutional level.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please describe your complaint below. *Attach additional pages if necessary.*

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
____________________________________________________________________
Attach any additional documentation which will help describe the problem and substantiate your allegations, such as an enrollment contract, correspondence with or from the institution, etc. Do not submit original documents as they may not be returned. Provide the name(s) of the attachments here:


Have you filed a formal complaint with the institution’s accrediting agency? For additional information on accreditation please visit the U.S. Department of Education’s Database on Accredited Postsecondary Institutions and Programs at https://ope.ed.gov/accreditation/.

☐ Yes  ☐ No

If Yes, please attach all relevant documentation, including any response you received from the accrediting agency and describe the outcome of the complaint below.


What specific resolution are you seeking from the institution?
**Student Complaint Form - Acknowledgement**

I, __________________________________________ understand my name and a copy of my complaint may be sent to the appropriate entities, including the Institution, in order for the New Mexico Higher Education Department (NMHED) to pursue my complaint. I authorize such action by NMHED.

Additionally, I understand my complaint may be subject to New Mexico’s Inspection of Public Records Act (NMSA 1978, Chapter 14, Article 2).

I certify the information I have provided is complete, true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*Student Complaint Form - Acknowledgement must be signed in the presence of a Notary Public.*

**To be completed by a Notary Public:**

State of: __________________________ County of: __________________________

This instrument was acknowledged before me on this_____ day of ____________, 20___

by __________________________.

My commission expires: ______________

__________________________________

Notary Public Seal