



DLAB Institutional Complaint/Appeal Form

In accordance with Wis. Stats. Ch. 39.85, et. al., any current or former student enrolled in an online distance education program with an institution that has been approved to offer distance education programs pursuant to the State Authorization Reciprocity Agreement (SARA) may use this form to appeal an institutional decision. **The complainant must first go through the institutional complaint process before submitting an appeal request to the DLAB.** This process only applies to the distance education activity of the institution which is conducted across state lines. No other complaints/appeals shall be considered by the DLAB. The DLAB has jurisdiction to consider only issues, disputes, or incidents involving the distance education program being offered by the institution which occurred within two (2) calendar years from the date of the alleged violation.

Part 1: Complainant information

Last name:	First name:	Middle name:
Street address:		
City:	State:	Zip code:
Telephone number: () -	Email address:	Date:
Name of college or university:		
Start date of program:	Last date of attendance:	Cost of program:

Part 2: Reasons for appeal

1. Please provide a detailed statement of the complaint and reason for reconsideration. Note relevant dates, payments, and the college or university faculty and/or staff involved. Include documentation of records relating to the complaint, summary of any resolution or reason why an internal resolution was not reached. Attach supporting documents (e.g. correspondence, course description, invoices, loan paperwork, etc.).

2. What steps have you taken to resolve the issue through the institution's complaint process?

3. What is your desired outcome for this complaint? For example, a refund of tuition, additional courses, etc.

4. Have you filed this complaint with an organization other than the college or university? Yes No

If yes, list the organization's name and the outcome of the complaint below.

Name of Organization:

Outcome:

I hereby certify that all information provided as part of this appeal is true and correct to the best of my knowledge. I understand that the information provided in this document will be shared with the college or university. Additionally, by signing this document, I provide written consent and/or release to DLAB and/or institution in order to allow the disclosure of any and all protected or confidential information in order for DLAB to conduct a proper review.

Signature of complainant:	Date:
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Please submit completed complaint form and attachments to distancelearning@wtcsystem.edu

For DLAB use only:

Date received:	Assigned to:
Date closed:	