

COMPLAINT FORM

Wis. Stats. 38.50 (7)
Form EAB 3.01 (Rev. 10/15)



STATE OF WISCONSIN
EDUCATIONAL APPROVAL BOARD
431 CHARMANY DRIVE, SUITE 102
MADISON, WI 53719
(608) 266-1996

Under *Wis. Admin. Code EAB 4.08 (2)*, the Educational Approval Board (EAB) has the authority to investigate complaints involving EAB-approved schools. Every EAB-approved school has a process to resolve complaints. Before a complaint is filed with the EAB, the complainant must attempt to resolve the matter with the school. If the matter cannot be resolved, a complaint may be filed with the EAB. Complaints must be filed within one year. A complaint involving a student must be filed within one year of the student's last recorded date of attendance.

Notice: Under Wisconsin's Open Records Law, *Wis. Stats., Ch. 19*, complaints will generally be available for review on request from a member of the public after the EAB has acted.

I. COMPLAINANT INFORMATION

Complainant's Last Name:		Complainant's First Name:	Complainant's Middle Name:
Address:			
City:		State:	Zip Code:
Daytime Telephone Number:	E-mail Address:		Date of Complaint:
School Name:			

Are (or were) you a student of the school? Yes No

If **YES**, provide the following information:

Start Date of Program:	Last Date of Attendance:	Cost of Program:
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If **NO**, indicate your relationship with the school (e.g., parent of a student, school official, etc.):

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II. DETAILS OF COMPLAINT

1. What are the events that led to this complaint? Specify pertinent dates, monies paid, balances owed, school staff involved. **Attach any documentation which will help describe the problem and substantiate allegations such as a signed enrollment agreement, school catalog, loan papers, or correspondence.**

2. How have you attempted to resolve the complaint with the school?

3. How would you like to see the complaint resolved? For example, seeking a refund of tuition, additional training, etc.

4. Have you filed this complaint with another organization? Yes No

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

Name of Organization:

Outcome:

5. Have you contacted a private attorney? Yes No

6. Have you started a court action? Yes No

If yes, provide specifics below:

III. CERTIFICATION

I hereby certify that I am the named complainant and that the above statements are true. I understand that this complaint and the information provided will be shared with the school.

Signature of Complainant:

Date:

FOR EAB USE ONLY

Date Complaint Received:

EAB Consultant Assigned:

Date Complaint Closed:

Disposition:
