



COMPLAINT FORM

The Board of Technical Education (BoTE) has the authority to investigate complaints involving postsecondary technical institutes within South Dakota. Every technical institute has a process in place to resolve complaints locally. Before a complaint is filed with BoTE, the complainant must attempt to resolve the matter with the technical institute. If the matter cannot be resolved, a complaint may then be filed with BoTE. Complaints must be filed within one year of the event/concern.

Please print or type all information.

COMPLAINANT INFORMATION		
Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Daytime Telephone:	E-mail Address:	Date of Complaint:
Institute Name:		

Please check the box which best describes your status with the institution: Student Faculty Other

If a **student**, provide the following information:

Start Date of Attendance:	Last Date of Attendance:	Student ID No. or Social Security Number:
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DETAILS OF COMPLAINT

1. Please provide a brief explanation of your complaint. Attach additional pages if necessary and copies of all relevant documents. (Specify pertinent dates, monies paid, balances owed, school staff involved.)



2. How have you attempted to resolve the complaint with the school? (Attach documentation of the outcome. BoTE cannot address your complaint until the institution's internal complaint resolution procedure has been followed and completed.)

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3. How would you suggest this complaint be resolved?

CERTIFICATION

I hereby certify that I am the named complainant and the above statements are true. I understand that this complaint and the information provided will be shared with the institute. Furthermore, I understand by signing this form that I am authorizing BoTE to review any of my student records in order to respond to this complaint.

Signature of Complainant:

Date:

Mail complaint to: **Nick Wendell | Executive Director**
South Dakota Board of Technical Education
800 Governors Drive | Pierre, SD 57501
605-773-3261 (Office)

FOR BoTE USE ONLY

Date Complaint Received:

BoTE Staff Assigned:

Date Complaint Closed:

Disposition: