

Association for Biblical Higher Education Commission on Accreditation

Complaint Form

COMPLAINANT INFORMATION

First Name _____ M.I. ____ Last Name _____

Street Address _____

City _____ State ____ Zip _____ Country _____
(if outside U.S.)

Email _____

Student Parent Employee Other: _____

If more than one complainant, please add a page listing information for additional complainants.

INSTITUTION INFORMATION

College/University Name _____

Street Address _____

City _____ State ____ Zip _____ Country _____

BRIEF DESCRIPTION OF COMPLAINT

Please state the nature of the complaint as succinctly and clearly as possible (5 sentences or less).

ABHE STANDARDS/ESSENTIAL ELEMENTS, POLICIES, OR PROCEDURES VIOLATED

List the violated ABHE standards and essential element numbers, name of policies, or procedures (see the ABHE *Commission on Accreditation Manual*, available at forms.abhecoa.org, for details).

HOW HAS THE INSTITUTION VIOLATED ABHE STANDARDS, POLICIES, OR PRODEDURES?

Please be specific, including dates and individuals involved.

EFFORTS TO RESOLVE THE COMPLAINT THROUGH GRIEVANCE/APPEAL PROCESSES.

Please list steps taken through institutional grievance and/or appeal processes to resolve the complaint, including dates and outcomes of grievance and appeal proceedings. If you were not eligible to pursue grievance/appeal processes, please explain.

DOCUMENTATION LIST

Please list all documentation you are submitting with this complaint to evidence claims. Materials should be directly related to the complaint. Do not send extra materials or expressions that are not evidence of noncompliance with ABHE standards, policies, or procedures.

ATTESTATION AND SIGNATURE(S)

Complainants must confirm the following (please check boxes and sign). If any items are omitted or no signature is affixed, the complaint will be treated as anonymous and the complainant will not be informed of any outcome.

- I have read the ABHE Policy on Complaints Against an Institution or Accredited Program and agree to abide by the terms and limitations of this policy.
- I have exhausted the institution's internal grievance and/or appeal process or I am not eligible by institutional policy to pursue internal grievance and/or appeal, and I believe the institution continues to evidence noncompliance with ABHE standards, policies, or procedures.
- I acknowledge that the ABHE Commission on Accreditation
- will not mediate disputes between individuals and member institutions or review individual cases of admission, grades, granting or transferability of credits, application of academic policies, fees or other financial matters, disciplinary matters, contractual rights and obligations, personal comments, or administrative decisions
 - will not serve as a grievance panel when the outcome of institutional grievance or appeal processes is unsatisfactory to the complainant
 - will not seek damages, restitution, or punitive action on behalf of complainants, and will not accept statements that include profanity or defamatory comments
 - is not a regulatory agency, and its authority is limited to actions related to accreditation review and recognition
 - will not act on a complaint under litigation or criminal investigation until such action (and appeal, if applicable) has been completed; however, if there is credible evidence that the institution is systemically out of compliance with ABHE standards, the Commission on Accreditation may consider such evidence apart from disputed allegations
 - will not make judgments concerning the legality of an action
 - considers only recent events (last two years)
 - will only consider evidence of significant noncompliance with ABHE standards, policies, or procedures for ABHE applicant, candidate, or accredited institutions.
- I authorize the ABHE Commission on Accreditation to submit my complaint and all documentation to the institution(s) named in the complaint for review and response.
- I certify that all of the information I have provided in this complaint is true and complete to the best of my knowledge.

SIGNATURE**PRINTED NAME****DATE**

If more than one complainant, please add signature(s), printed name(s), and date(s) below.