

# Arkansas Division of Higher Education

101 E. Capitol Avenue, Suite 300 • Little Rock, Arkansas • 72201 • (501) 371-2000 • Fax (501) 371-8000

## FORM 8040 COMPLAINT FORM

Retain a copy of this form for your records. Return the original form to the Arkansas Division of Higher Education (ADHE).

Any student may file a written complaint pursuant to Arkansas Code Annotated § 6-51-616 and Rule IV. If the student desiring to file a complaint has begun legal action against the school, ADHE shall wait until legal options are exhausted before beginning the complaint process. The student should submit this complaint form even if legal action is pending and should notify ADHE if such action exists. Pursuant to Arkansas Code Annotated § 6-51-616(d), a request for arbitration must be in writing and filed with the ADHE director within one year of completion of, or withdrawal from, a school.

Please provide complete and concise information as possible. Attach copies of any documents relevant to the complaint; this will assist in attempting to resolve your complaint.

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<b>NAME OF STUDENT</b>	
<b>ADDRESS</b>	
<b>CITY/STATE/ZIP</b>	
<b>PHONE NUMBER</b>	
<b>E-MAIL ADDRESS</b>	
<b>SCHOOL NAME</b>	
<b>PROGRAM NAME</b>	

Did you sign a contract or enrollment agreement?
Do you have a copy of the signed enrollment agreement?
Estimate of amount of money lost:
Date of enrollment at the school:
Last date of attendance at school:
Date(s) of Alleged Violation(s):

Have you contacted the school?
Has legal action been filed?
Who is handling your legal action?

List complaint(s) below. Attach additional documentation if necessary.

In your opinion, what is a reasonable resolution to this matter?

I certify the information given is true to the best of my knowledge. I authorize ADHE to investigate my complaint and review my records that are relevant to this complaint. I understand that this written complaint will be forwarded to the school for a response.

STUDENT SIGNATURE	
DATE	