



DLAB

Distance Learning Authorization Board

Distance Learning Authorization Board 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 a Wisconsin college or university (institution) that is currently approved to offer distance education programs under the State Authorization Reciprocity Agreement (SARA) may use this form to appeal an institution's decision regarding a student complaint.

In order for DLAB to accept the appeal and investigate, the following must all be true:

1. The student is/was located outside of Wisconsin and is/was enrolled in a distance education program or course offered by a Wisconsin institution at the time of the alleged issue/dispute.
2. The Wisconsin institution participated in SARA at the time of the alleged issue/dispute.
3. The Wisconsin institution currently participates in SARA.
4. The alleged issue/dispute occurred within two calendar years from the date of the submission of this form.
5. The alleged issue/dispute is/was consumer protection issue that is a violation of SARA policy at the time of the incident.
6. The student has first gone through the institution's own complaint process and received a final response from the institution that has not been resolved to the student's satisfaction.

Examples of consumer protection issues that fall under SARA can be found in Section 4.3 of the SARA Policy Manual (<https://nc-sara.org/sara-policy-manual>).

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 <input type="checkbox"/>	No <input type="checkbox"/>
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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/appeal form and attachments to DSPSEAP@wisconsin.gov.

For DLAB use only:	
Date received:	Assigned to:
Date closed:	