

STUDENT COMPLAINT INTAKE

OMB No.
OMB approval expires

The public reporting burden for this collection of information is estimated to average XX per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (XXX-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:

PRIVACY ACT STATEMENT

AUTHORITY:

PRINCIPAL PURPOSE(S)

ROUTINE USE(S):

DISCLOSURE:

N E E D S D D 6 7

1. EDUCATION BENEFITS USED (Required) (X all that apply)

<input type="checkbox"/> GI Bill	<input type="checkbox"/> Survivors & Dependents (DEA: CH 35)	<input type="checkbox"/> Federal Financial Aid (e.g., Pell Grant)
<input type="checkbox"/> Post-9/11 (CH 33)	<input type="checkbox"/> Voc Rehab (VR&E: CH 31)	
<input type="checkbox"/> Montgomery (MGIB: CH 30)	<input type="checkbox"/> Veterans Retraining Assistance Program (VRAP)	
<input type="checkbox"/> Reserve Educational Assistance Program (REAP: CH 1607)	<input type="checkbox"/> Tuition Assistance Top-Up	
<input type="checkbox"/> Select Reserve (SR: CH 1606)		
<input type="checkbox"/> Military Tuition Assistance (Title 10)		
<input type="checkbox"/> Federal Tuition Assistance (TA)		
<input type="checkbox"/> State Funded Tuition Assistance (National Guard)		
<input type="checkbox"/> Military Spouse Career Advancement Accounts (MYCAA)		

2. SCHOOL INFORMATION (Required)

a. SCHOOL NAME *(Generic names available for online school, campus sites or DL email)*

b. ADDRESS

c. CITY	d. STATE	e. ZIP CODE	f. COUNTRY
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g. LEVEL OF STUDY *(Select one)*

h. TUITION PAID BY YOU OR ANY GOVERNMENT BENEFIT IN THE LAST ACADEMIC YEAR

3. WHICH BEST DESCRIBES YOUR ISSUE? (X all that apply)

<input type="checkbox"/> Recruiting/Marketing Practices	<input type="checkbox"/> Accreditation	<input type="checkbox"/> Unsubstantiated Charges
<input type="checkbox"/> Student Loans	<input type="checkbox"/> Post-graduation job opportunities	<input type="checkbox"/> Sudden change in degree plan/requirements
<input type="checkbox"/> Quality of Education	<input type="checkbox"/> Grades	<input type="checkbox"/> Release of Transcripts
<input type="checkbox"/> Transfer of Credits	<input type="checkbox"/> Refund Issues	<input type="checkbox"/> Other

4. DESCRIBE WHAT HAPPENED SO WE CAN UNDERSTAND THE ISSUE (Required)

(This area is intentionally left blank for the respondent to describe the issue.)

5. WHAT DO YOU THINK WOULD BE A FAIR RESOLUTION TO YOUR ISSUE?

N E E D S D D 6 7

6. STUDENT IS A: (X one)

<input type="checkbox"/> Veteran	<input type="checkbox"/> Servicemember	<input type="checkbox"/> Spouse or Family Member
	<input type="checkbox"/> Active Duty	
	<input type="checkbox"/> Reserves	
	<input type="checkbox"/> National Guard	

7. IF VETERAN OR SERVICEMEMBER, BRANCH: (X one)

<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard
<input type="checkbox"/> Navy	<input type="checkbox"/> NOAA/USPS
<input type="checkbox"/> Air Force	
<input type="checkbox"/> Marines	

8. I AM FILING ON BEHALF OF: (X one)

<input type="checkbox"/> Myself	<input type="checkbox"/> Someone else
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9. PREFERRED CONTACT INFORMATION

a. SALUTATION (Mr./Ms./ etc., or military rank)	b. FIRST NAME	c. LAST NAME	
d. ADDRESS			
e. CITY	f. STATE	g. ZIP CODE	h. COUNTRY
i. TELEPHONE (Include Area Code)	j. EMAIL ADDRESS		k. AGE
l. EDUCATION CENTER NAME AND LOCATION			