


11/15/2018


Landing Page for Unauthenticated Customer

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System Notification


 If you need help completing your FAFSA form, contact the Federal Student Aid Information Center at 1-800-433-3243 or online.



FSA Feedback System

FSA Feedback System


Welcome to the FSA Feedback System. Use this page to submit feedback, report an issue or complaint, send us a suggestion, provide us information about a suspicious activity or an alleged scam, dispute a resolution, or give us positive feedback about your federal financial aid experience.



Submit Feedback, Send a Suggestion, or Report an Issue

If you are dissatisfied with your experience in the federal student aid process, you can submit a complaint, send us a suggestion, or report a suspicious activity or an alleged scam on behalf of yourself or someone else. If you believe the resolution of a prior complaint was in error or you disagree, you can ask to file a dispute with the Federal Student Aid Ombudsman Group.

[BEGIN](#)

Do you have information about a school or person you think violated federal laws regarding federal student aid? Please let us know by submitting feedback. If you are a whistleblower , please visit the Department of Education Office of the Inspector General (OIG).

Additional Information

Resources

- [Reset your FSA ID](#)
- [Get help completing your FAFSA® form](#)
- [View information regarding school closures](#)
- [Complain about a privately issued loan](#)
- [View common questions regarding federal student aid](#)

Frequently Asked Questions

- [Who will you share my information with?](#)
- [How can I find my Case ID Number?](#)
- [How can I get my ITT student records and transcripts?](#)

Submit Positive Feedback

Has the U.S. Department of Education, your school, your federal loan servicer, or another entity positively impacted your financial aid experience? Please let us know.

[SUBMIT](#)

Manage My Cases

Log in with your verified FSA ID to view your case history or case details, track your cases, or update your cases. Only cases you have submitted with your verified FSA ID will appear here. If you do not have one, you can create an FSA ID.

[VIEW](#)

Contact Us

Speak with an agent to submit feedback, report a suspicious activity or an alleged scam, or ask questions.

Phone: 1-844-651-0077

Hours of Availability
Monday – Friday 8 a.m. – 8 p.m. Eastern time

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Log in without an FSA ID

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Log In

Log in with Your FSA ID

Log in with your verified FSA ID to identify yourself before submitting your positive feedback.

If you do not have an FSA ID, you can create an FSA ID.

[LOG IN](#)

Proceed Without an FSA ID

You may submit positive feedback without logging in. If you do not want to log in, you may still choose to share your information with ED.

Do you want to share your contact information with us?

Yes

No

Log in with Your FSA ID ?

Log in with your verified FSA ID to identify yourself before submitting your positive feedback.

If you do not have an FSA ID, you can create an FSA ID.

[LOG IN](#)

Proceed Without an FSA ID

You may submit positive feedback without logging in. If you do not want to log in, you may still choose to share your information with ED.

Do you want to share your contact information with us?

Yes
 No

[PROCEED WITHOUT AN FSA ID](#)

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Contact Information page

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Contact Information

Please complete the following contact information.

Your Contact Information ?

<p><small>* First Name</small></p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p><small>Primary Phone Number [?]</small></p> <input style="width: 65%; height: 25px; border: 1px solid #ccc;" type="text"/> <input style="width: 15%; height: 25px; border: 1px solid #ccc;" type="text"/> <p style="text-align: right; font-size: 8px;">ext.</p>
<p><small>Middle Name</small></p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p><small>Additional Phone Number</small></p> <input style="width: 65%; height: 25px; border: 1px solid #ccc;" type="text"/> <input style="width: 15%; height: 25px; border: 1px solid #ccc;" type="text"/> <p style="text-align: right; font-size: 8px;">ext.</p>
<p><small>* Last Name</small></p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>	<p><small>Street Address</small></p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>
<p><small>Social Security Number (SSN)</small></p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/> <p style="text-align: right; font-size: 8px;"><input type="checkbox"/> Show SSN</p>	<p><small>City</small></p> <input style="width: 95%; height: 25px; border: 1px solid #ccc;" type="text"/>

Select

State/Province of Residence
Select

* = required field

Military Information

*Are you ANY of the following:

- An active member of the U.S. military
- A veteran of the U.S. military
- A dependent of an active member or veteran of the U.S. military

Yes
 No

* = required field

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mrsiowashington@gmail.com
 United States

* State/Province of Residence
District of Columbia

* = required field

Military Information

*Are you ANY of the following:

- An active member of the U.S. military
- A veteran of the U.S. military
- A dependent of an active member or veteran of the U.S. military

Yes
 No

SSN Not Entered

We encourage you to provide your Social Security number (SSN) before proceeding. We need this information to research your case in a timely manner. If we do not receive your SSN at this time, we may request it in the future. You may go back to add your SSN in the "Your Contact Information" section or continue without entering your SSN.

[GO BACK](#)
[CONTINUE WITHOUT SSN](#)

* = required field

[GO BACK](#)
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Your Case

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Your Case

Select one of the following topics relating to your positive feedback.

My Collection Agency

Has your collection agency or a specific person at your collection agency positively impacted your federal student aid experience?

[SELECT >](#)

My Customer Service Experience

Have you had a positive experience with a customer service representative?

[SELECT >](#)

My School

Has your school or a specific person at your school positively impacted your federal student aid experience?

[SELECT >](#)

My Servicer

Has your loan servicer or a specific person at your servicer positively impacted your federal student aid experience?

[SELECT >](#)

My School

Has your school or a specific person at your school positively impacted your federal student aid experience?

[SELECT >](#)

My Servicer

Has your loan servicer or a specific person at your servicer positively impacted your federal student aid experience?

[SELECT >](#)

U.S. Department of Education Website, Application, or Service

Have you had a positive experience while using a U.S. Department of Education website, application, or service (e.g., the FAFSA® form, financial calculators on StudentLoans.gov, etc.)?

[SELECT >](#)

None of These Topics Apply to Me

Do none of the topics presented relate to your positive feedback? Select this option and provide additional details on the next page.

[SELECT >](#)

[GO BACK](#) [CONTINUE](#)

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My Customer Experience

Select one of the following topics relating to your positive feedback.

<p>My Collection Agency</p> <p>Has your collection agency or a specific person at your collection agency positively impacted your federal student aid experience?</p> <p>SELECT ></p>	<p>My Customer Service Experience</p> <p>Have you had a positive experience with a customer service representative?</p> <p><input checked="" type="checkbox"/></p>
<p>My School</p> <p>Has your school or a specific person at your school positively impacted your federal student aid experience?</p> <p>SELECT ></p>	<p>My Servicer</p> <p>Has your loan servicer or a specific person at your servicer positively impacted your federal student aid experience?</p> <p>SELECT ></p>
<p>U.S. Department of Education Website, Application, or Service</p> <p>Have you had a positive experience while using a U.S. Department of Education</p>	<p>None of These Topics Apply to Me</p> <p>Do none of the topics presented relate to your positive feedback? Select this option and provide additional details on the next page.</p>

My Details

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Your Case

[< My Customer Service Experience](#)

My Details

* Please describe the positive feedback you have for the contact center below.

Enter your response...

Additional Information

Apps | Bookmarks | Suggested Sites | Imported From IE | OCTS | nslds

Additional Information

*What is the name of the customer contact center you would like to compliment?

Select

Upload Documents

Attach a document related to your case.

Upload Files | Or drop files

* = required field

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Your Case

Your Contact Information [Edit](#)

First Name: [Redacted]

Last Name: [Redacted]

Email: [Redacted]

Phone Number: [Redacted]

Military Affiliation (Yes/No): No

Military Affiliation (Yes/No): No

Your Case Topics [Edit](#)

Case Category: My Customer Service Experience

Your Case Details [Edit](#)

Please describe the positive feedback you have for the contact center below.

Representative was very helpful, Great experience

What is the name of the customer contact center you would like to compliment?

Ombudsman 1-877-557-2575

Uploaded Document(s):

I certify that the above information is true to the best of my knowledge.

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Your Case

Your case has been submitted!

Thank you for submitting your positive feedback.

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