Iowa Department of Education
Community College Complaint Form

Iowa community colleges have processes in place to resolve complaints. Before a complaint is filed with the Iowa Department of Education, the complainant must attempt to resolve the matter with the school. If the matter cannot be resolved, a complaint may be filed with the Division of Community Colleges. Complaints must be filed within one year of the student’s last recorded date of attendance.

Notice: Under Iowa’s Public Records Law, Iowa Code Chapter 22, complaints will generally be available for review on request from a member of the public after the department has acted.

COMPLAINANT INFORMATION

Please indicate your relationship to this complaint:

☐ Student  ☐ Parent  ☐ College Staff  ☐ State Agency  ☐ Other, please indicate below

Other: __________________________________________________________

Complainant’s Name:

Last Name  First Name  Middle Name

Address:

Street Address  City  State  Zip Code

Daytime Phone #: __________________________ Email Address: __________________________

Community College this complaint is regarding: ________________________________________

Did someone refer you to this form:  ☐ Yes  ☐ No  If yes, who? __________________________

Have you read the school grievance procedures of the college the complaint is about?  ☐ Yes  ☐ No

DETAILS OF THE COMPLAINT

State your complaint below. Please indicate the events that led to this complaint. Include pertinent details, dates, monies paid, balances owed, and names of individuals involved (faculty, staff, students, etc.) Please attach any documentation which will help describe the problem and substantiate allegations such as a signed enrollment agreement, school catalog, loan papers, or correspondence.

Continue on back of form
Have you tried to resolve the complaint with the school?  □ Yes  □ No

If yes, please include the names and dates of school personnel you contacted. Indicate the outcome(s) to date. Attach any documentation (emails, letters, etc.) to show you tried to resolve the complaint.

How would you like to see the complaint resolved? For example, are you seeking a refund of tuition, additional training, etc.

If you have filed this complaint with another organization, please identify the organization and the name of the person you worked with.

If you contacted another organization regarding this complaint, what was the outcome?

VERIFICATION

I hereby verify that the information contained in this complaint is true, and that I understand that this complaint and the information provided may be shared with the college and/or the named complainant.

______________________________  __________________________
Signature of Complainant        Date

FOR DEPARTMENT USE ONLY

Consultant Assigned:  ___________________________  Date Received  _____________
Disposition:  ___________________________  Date Closed:  _____________