



National Council for State Authorization Reciprocity Agreements

A voluntary, regional approach to state oversight of distance education

SARA Complaint Resolution Form

State of Indiana

Portal Agency: Indiana Commission for Higher Education

101 W. Ohio Street, Suite 550

Indianapolis, IN 46204-1984

Phone: (317) 464-4400 ext. 121

This form is for any current student or former student enrolled in an online degree program who is filing a complaint against Indiana State University which is approved under the State Authorization Reciprocity Agreement (SARA). Complaints that can be resolved under this process include:

- An allegation that the institution does not meet the state authorization requirements in the State Authorization Reciprocity Agreements Policy and Standards Section 3;
- An allegation that the institution violated the policies & standards set forth in Section 4 of the State Authorization Reciprocity Agreements Policy and Standards Section or;
- An allegation raised by a distance education student that this SARA institution does not meet any other standards established by the institution's accrediting agency or SARA.

Note: Complaints involving student grades or student conduct violations are governed entirely by Indiana State University institutional policy.

Important: Complainants must first go through the institution's internal complaint process before the complaint can be forwarded to the SARA Portal Agency.

SARA Complaint Resolution Form

COMPLAINANT INFORMATION

Name of Complainant: _____

Affiliation with the college or university named below (Circle One):

Current Student

Former Student

Address: _____

Phone Number: _____

Email: _____

SCHOOL INFORMATION

Name of Institution: _____

Location of Institution: _____

Address	City	State	Zip Code
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Degree Level and Major (Example: Bachelor of Science in Accounting) of affected Student:

Degree: _____

Major: _____

Dates of Attendance at Institution

Start Date: _____

End Date: _____

COMPLAINT INFORMATION

Have you gone through the institution's formal complaint process? (Circle One)

Yes

No

Section A: If you answered "Yes," please explain in your detailed complaint description how you exhausted the complaint process. Please attach documentation showing that you have exhausted your appeals at the institutional level.

Section B: If you answered “No,” please explain below why you were unable to complete the complaint processes. Note that ICHE will only address complaints after a student has exhausted his/her appeals the institutional level. Please attach documentation if necessary.

Section C: Please describe your complaint in detail, including the names of any college or university faculty or staff you spoke to about the complaint. Please attach existing documentation that may substantiate the complaint, which may include: institutional documents, catalogs, transcripts, contracts, brochures, course syllabi, or correspondence regarding the complaint between the complainant and the institution.

Section D: Please give the titles and contact information for the individuals (if any) you mentioned in Section C.

Please send this form and copies of any documents that support your above complaint and/or show that you have gone through your institution’s complaint procedures and mail them to:

Indiana Commission for Higher Education
101 W. Ohio Street, Suite 550
Indianapolis, IN 46204-1984
Phone: (317) 464-4400 ext. 121

You may also email the form and documents to: ksauer@che.in.gov

By submitting this form, I affirm that I am a current or former student of Indiana State University. I agree to allow the Indiana Commission for Higher Education to submit a copy of my complaint and supporting materials to Indiana State University for a response. I further authorize Indiana State University to transmit student records related to me affected by the institution’s actions for review. I understand that I may have to submit an information release form to the institution. I certify that the information I have provided to the Indiana Commission for Higher Education is complete, true and correct to the best of my knowledge and belief.

Name (Print): _____

Date: _____

Signature: _____