



**CASE WESTERN RESERVE  
UNIVERSITY**  
**School of Medicine**  
Master of Science in Anesthesia

Master of Science  
in Anesthesia Program  
phone 216.844.8077  
fax 216.844.7349  
case.edu/medicine/msa-program

## Texas Higher Education Coordinating Board Student Complaint Procedures

After exhausting Case Western Reserve University's student grievance process, students may initiate a complaint and subsequent investigation with the Texas Higher Education Coordinating Board. This process is open to all current, former, and prospective students.

All submitted complaints must include a student complaint form, a Family Educational Rights and Privacy Act Consent and Release form, and a Texas Higher Education Coordinating Board Consent and Agreement form. All forms must be completed and signed as appropriate.

Students must also provide documentation that they have exhausted the university's grievance process, including the ultimate outcome of the procedures, and evidence to support the complaint. Submitted complaints regarding students with disabilities must also include a Authorization to Disclose Medical Record Information form.

The necessary forms, as of August 2018, follow. These forms are subject to change at the discretion of the Texas Higher Education Coordinating Board. Students are encouraged to verify the forms are correct prior to submitting complaints and to collect all necessary documentation to ensure timely responses from Texas Higher Education Coordinating Board.

All complaints, including the completed forms and documentation, can be submitted electronically to [studentcomplaints@theccb.state.tx.us](mailto:studentcomplaints@theccb.state.tx.us) or by mail to the following address:

Texas Higher Education Coordinating Board  
Office of General Counsel  
P.O. Box 12788  
Austin, Texas 78711-2788

Facsimile transmissions will not be accepted.

Please visit the Texas Higher Education Coordinating Board online at [www.theccb.state.tx.us](http://www.theccb.state.tx.us) or contact the board by phone at 512.427.6101 for more information regarding this process.

# Texas Higher Education Coordinating Board

Office of General Counsel

P.O. Box 12788

Austin, TX 78711-2788

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## Student Complaint Form

### Student Information

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Program of Study  
at the Institution: \_\_\_\_\_

Check the applicable box which describes your status with the institution:

Current Student  Former Student  Prospective Student  Other: \_\_\_\_\_

If you are a current or former student, provide the dates of your enrollment at the institution:

From: \_\_\_\_\_ To: \_\_\_\_\_\*

\* A complaint form must be filed within one year of the student's last date of attendance.

If you are a former student of the institution, check the applicable box:

Graduated  Terminated  Withdrew  Other: \_\_\_\_\_

### Institution Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

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## Student Complaint Form

### Complaint Information

1. Have you exhausted all of the institution's established procedures to resolve your complaint?  
 Yes\*       No (*Your complaint will not be considered until this requirement is met.*)

\* Attach to this form documentation of your exhaustion of the institution's grievance procedures, including any final letters of determination issued by the institution, and a copy of the institution's complaint resolution procedure.

Date you filed the complaint/grievance at your institution: \_\_\_\_\_

Date the complaint/grievance procedure was concluded: \_\_\_\_\_

2. Have you filed, or do you intend to file, a complaint with any other entity (e.g., institution's accrediting agency, other state or federal agency, etc.) regarding this matter?  
 Yes\*       No

\* If "Yes," please provide the following information:

Name of Entity: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Status of Complaint: \_\_\_\_\_

3. Are you represented by an attorney in connection with the matter that is the subject of this complaint?  
 Yes\*       No

\* If "Yes," please provide the following information:

Attorney's Name: \_\_\_\_\_ Attorney's Email: \_\_\_\_\_

Attorney's Phone No: \_\_\_\_\_ Attorney's Address: \_\_\_\_\_

4. Are you participating, or have you participated, in any judicial proceedings in connection with the matter that is the subject of this complaint?  
 Yes\*       No

\* If "Yes," please attach a copy of all court papers to this complaint form.

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5. Describe your complaint in detail, attaching additional pages if necessary. Specify any pertinent names, locations, and dates, identify witnesses and any faculty/staff with whom you dealt (including email and/or telephone contact information), identify the law or policy that you allege was violated (if known), etc. Attach copies of all relevant documentation (e.g., enrollment agreement, correspondence, etc.), including any evidence which you believe supports your complaint:

6. Explain the resolution or outcome you are seeking in filing this complaint:

### Declaration and Signature

I declare under penalty of perjury under the laws of the State of Texas that the allegations contained in this complaint are true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### Notice Regarding Possible Disclosure of Personal Information

THECB makes every effort to protect the personal information you provide to the agency. In order to follow up on your complaint, however, THECB may need to share the information you provide with the institution you complained about or with other agencies, persons, or entities.

The information you provide may also be disclosed in response to a request under the Texas Public Information Act (Act), unless the requested information is confidential or otherwise excepted from disclosure under the Act.

THECB complies with the Federal Family Educational Rights and Privacy Act (FERPA).

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## Student Complaint Form

### Family Educational Rights and Privacy Act (FERPA) Consent and Release Form

I, \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_  
(PLEASE PRINT FULL NAME) (PLEASE PRINT FULL NAME OF INSTITUTION)

(hereafter referred to as "the institution") and its authorized representatives to photocopy and release specifically requested material documents or the complete and entire contents of my student financial, academic, personal, and all other records held by the institution upon request by the Texas Higher Education Coordinating Board ("THECB") and/or its authorized representatives or assignees. These records may include, but not be limited to, the following:

1. All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the Academic, Admissions, Placement/Career Services, Financial Aid, or any similar file).
2. All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).
3. All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information contained in student account records).
4. Instructor/Classroom Records (records include: attendance records, progress reports, tests and homework scores if available).
5. Other (please specify): \_\_\_\_\_

Please Note: Medical records and services for students with disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained for that information.

I authorize the above institution to release my records to the THECB and its authorized representatives or assignees so that the THECB and its authorized representatives or assignees may investigate and act upon a complaint I filed with the THECB concerning the institution. I further authorize the above institution and its authorized representatives to discuss my student records with the THECB and its authorized representatives or assignees so that the THECB and its authorized representatives or assignees may investigate and act upon my complaint.

I acknowledge by my signature that I understand that although I am not required to release my records to these individual(s) or entities, I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the written revocation is delivered to the institution and THECB or its authorized representatives or assignees and processed. I understand that any such revocation shall not affect disclosures previously made by the institution or THECB prior to the receipt and processing of any such revocation.

I agree to hold THECB and the above institution harmless from any and all liability for the release of my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

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## Student Complaint Form

### THECB Consent and Agreement Form

I authorize the Texas Higher Education Coordinating Board ("THECB") to transmit a copy of my complaint (along with any additional information submitted) to the institution for its response.

I authorize the THECB, as part of its investigation of my complaint, to contact and discuss my complaint with officials, faculty, and staff at the institution, and any other persons and entities that may be relevant to the THECB's investigation of my complaint.

I authorize the THECB to transmit this complaint (along with any additional information submitted) to another Texas state agency (e.g., Office of the Attorney General of Texas, State Board for Educator Certification, etc.) or a federal agency, to the institution's accrediting agency (e.g., the Southern Association of Colleges and Schools), or to an educational association to which my institution belongs (e.g., Independent Colleges and Universities of Texas, Inc. (ICUT), Texas Association of Community Colleges (TACC), etc.), for investigation and resolution, if the THECB determines that my complaint is appropriate for investigation and resolution by such state agency, accrediting agency, or educational association.

I authorize the THECB to transmit this complaint (along with any additional information submitted) to the appropriate state university system for investigation and resolution, if my complaint pertains to an institution in the University of Texas System, Texas A&M University System, University of Houston System, University of North Texas System, Texas Tech University System, or Texas State University System.

I understand and agree that the THECB and its staff are not my agents or attorneys nor do they represent me in a legal capacity, but instead they represent the State of Texas and are enforcing laws that fall under the scope of the THECB's authority.

I understand and agree that the information I provide to the THECB may be disclosed in response to a request under the Texas Public Information Act, unless the requested information is confidential or otherwise excepted from disclosure under the Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed or Printed Name: \_\_\_\_\_

