



Wyoming Department of Education

Cindy Hill, Superintendent of Public Instruction

Hathaway Building, 2nd Floor, 2300 Capitol Avenue

Cheyenne, WY 82002-0050

I. COMPLAINANT INFORMATION

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip Code:

Daytime Telephone
Number:

Email Address:

Date of Complaint

Name of Institution:

Are (or were) you a student of the school?

☐ Yes ☐ No

If **YES**, provide the following information:

Start Date of Program:

Last Date of Attendance:

Level of Degree:

☐ Graduate
☐ Undergraduate

If **NO**, indicate your relationship with the school (e.g. parent of a student, school official, etc.)

II. DETAILS OF COMPLAINT

What is the nature of the complaint? (Please choose one)

- ☐ Consumer Protection
- ☐ Licensing/State Authorization
- ☐ Quality of Education
- ☐ Civil Rights
- ☐ Other

1. What are the events that led to this complaint? Specify pertinent dates, the nature of the event (e.g. meeting, written appeal, judicial hearing), and school staff involved. Attach any documentation which will help describe the problem and substantiate allegations such as signed agreements, school catalog, or correspondence. (Documents will not be returned. Please retain your originals)

2. How have you attempted to resolve the complaint with the school?

3. How would you like to see the complaint resolved?

4. Have you filed this complaint with another organization?

☐ Yes ☐ No

If yes, list the organizations name and the outcome of the complaint below:

5. Have you contacted a private attorney?

☐ Yes ☐ No

6. Have you started a court action?

☐ Yes ☐ No

If yes, provide specifics below:

III. CERTIFICATION

***I hereby certify that I am the named complainant and that the above statements are true.
I understand that this complaint and the information provided may be shared with the
school or other appropriate agency.***

Signature of Complainant:

Date: