



DIVISION OF POSTSECONDARY SCHOOL AUTHORIZATION COMPLAINT FORM

Please clearly print the information requested below.

Name of Complainant: _____ Date Submitted _____

Residence Address: _____
(Number & Street, City, State, and Zip)

Phone Number: _____ E-Mail Address: _____
(If Applicable)

Name of Institution: _____
(Full Name)

Institution's Address : _____
(Clearly Print Number & Street, City, State, and Zip)

Complainant Signature: _____ Date: _____

1. This complaint form should only be used to file a complaint against institutions authorized by the Tennessee Higher Education Commission and regulated by the Division of Postsecondary School Authorization.

2. To verify if an institution is authorized by the Tennessee Higher Education Commission and regulated by the Division of Postsecondary School Authorization, please review the official [list of authorized institutions](#) on the Tennessee Higher Education Commission website or contact the Postsecondary School Authorization staff at 615-741-5293. The Commission's website is located at: <http://tn.gov/thec>

3. Please attach a statement describing the nature of the complaint. The statement should include a description of the events or circumstances upon which the complaint is based and all supporting documentation for your complaint must be attached. All complaints will be retained by the Division of Postsecondary School Authorization for two years from the date they are submitted.

For Office Use Only	
Received	Investigator

MAIL OR FAX ALL COMPLAINTS TO THE FOLLOWING:

Tennessee Higher Education Commission	Telephone: (615) 741-5293
Division of Postsecondary School Authorization	Fax: (615) 532-8845
Parkway Towers, Suite 1900	
404 James Robertson Parkway	
Nashville, TN 37243-0830	
Attention: Complaints	