

OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS COMPLAINT FORM

3700 N. CLASSEN BLVD., SUITE 250; OKLAHOMA CITY, OKLAHOMA 73118

Telephone: 405-528-3370; Fax: 405-528-3366

Instructions: Please print/write legibly or word-process. Attach additional sheets, as needed. The completed Form with desired attachments may be mailed, FAXed, or emailed to nhouse@obpvs.ok.gov.

Person Filing the Complaint: Student Attorney

Other, please Specify: _____

PRIMARY STUDENT/COMPLAINANT INFORMATION (Attach a List of Others Included in Complaint)

Last Name: _____ **First Name:** _____ **Daytime Phone:** _____

Mailing Address: _____

Email Address: _____ **Best Hours to Telephone:** _____

Represented by (FN and LN): _____ **Rep's Phone:** _____

SCHOOL OR SEMINAR INFORMATION

Name of School/Seminar: _____

Physical Address of School/Branch/Seminar: _____

Brief Name of Program: _____ **Approx. Date of Enrollment:** _____

- ◆ Briefly describe the situation that prompted this Complaint and identify any alleged wrong doing. Provide dates, names, and any other pertinent information to assist the investigation of the Complaint. You may also attach copies of relevant documents. A chronological (date) ordered presentation is often best to help others understand the situation.

- ◆ [VERY IMPORTANT!] Briefly describe the action(s) that you wish for the OBPVS to take in regards to this Complaint.

RELEASE STATEMENT - In accordance with OAC 565:1-3-2(a)(8), the Student Signature, below, indicates the Student's willingness to have the OBPVS conduct a Complaint Investigation and authorizes the School/Seminar named, above, and any third-parties to release whatever information is necessary to investigate the complaint.

Student/Complainant Signature

Date

Complainant's Representative's Signature, if applicable

Date