



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
DIRECTOR

Post-Secondary Student Complaints

Filing a Complaint with the Corporations, Securities & Commercial Licensing Bureau

Corporations, Securities & Commercial Licensing (CSCL) Bureau is responsible for responding to formal complaints against authorized public, independent non-profit and proprietary institutions of higher education providing distance education from Michigan or out-of-state institutions of higher education providing distance education in Michigan pursuant to 2015 PA 45 (Act). We also investigate complaints against any other licensed or authorized post-secondary school regulated by CSCL. CSCL has limited authority over colleges and universities, and cannot offer legal advice or initiate civil court cases; CSCL staff will review submitted complaints and work with student complainants and institutions.

Before completing a complaint form, please take a moment to read these instructions; they will help you understand CSCL's functions.

- **CSCL has no authority to investigate discrimination:** If a student believes that an institution has acted in a discriminatory manner, he/she may wish to contact the Michigan Department of Civil Rights (MDCR) at (800) 482-3604. <http://www.michigan.gov/mdcr>
- **CSCL has no authority to investigate financial aid issues:** Issues with State of Michigan financial aid should be directed to the Michigan Department of Treasury, Student Financial Services Bureau at (888) 447-2687 or (517) 373-4897. <http://www.michigan.gov/mistudentaid>

Issues with Federal Financial Aid should be directed to the Federal Student Aid Ombudsman Group of the U.S. Department of Education and/or the Federal Student Aid Information Center, at (800) 433-3243 or (800) 4FED-AID. <http://www2.ed.gov/programs/fpg/contacts.html>

- **CSCL has no authority to investigate complaints related to course grades, academic sanctions or discipline/conduct matters.**
- **CSCL only has authority to investigate entities regulated by acts administered by CSCL.** If a student believes that a college or university has violated state or federal law, he/she may wish to contact the Michigan Department of Attorney General, Consumer Protection Division at (517) 373-1140. [Attorney General Consumer Complaint/Inquiry Filing Information](#).

Prior to completing CSCL's complaint form, students should attempt to resolve their issues with the institution of higher education they are or have attended.

First, if a student has concerns related to classroom situations or administrative actions, he/she should contact the faculty or staff member(s) with whom he/she has an issue. It may be possible to resolve the concerns without the need for formal institutional action.



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Second, if the student's complaint is not resolved satisfactorily, or if the complaint cannot be resolved by contacting the faculty or staff member(s), the student should file a complaint through his/her institution of higher education's established complaint process. Information on the process can usually be found in the institution's academic catalog, student handbook or website.

Third, if the student is unable to resolve the complaint through the institutions complaint process they can file a complaint with CSCL. If a student wishes to complete and submit a complaint, they should complete the CSCL complaint form ([CSCL complaint form](#)) and attach any pertinent additional documentation.

After CSCL receives a completed complaint form, its staff will review the submitted materials and determine if CSCL has authority to investigate. If CSCL needs additional information or clarifications, CSCL will contact the complainant. If CSCL has authority to investigate the complaint, they will forward a copy of the complaint to the institution against which the complaint has been filed and ask for a response within three weeks. After receiving the institutions response, CSCL staff will determine whether the institution's student complaint process has been followed and exhausted and what additional steps or follow-up may need to be taken. The Department will inform both parties involved in the complaint of the outcome of the investigation.

WHAT WE CAN DO:

- We investigate complaints against authorized public, independent non-profit and proprietary institutions of higher education providing distance education in or from Michigan, pursuant to the Act. We also investigate complaints against any other licensed or authorized post-secondary school regulated by CSCL.
- In appropriate cases, we can refer matters to the Michigan Department of Attorney General for civil actions or criminal prosecution.
- CSCL has the authority to do one or more of the following if it determines that a post-secondary school that holds a license or authorization from CSCL violates an act, a rule, or an order that CSCL administers:
 - (a) Place limitation on the authorization.
 - (b) Suspend the authorization.
 - (c) Deny an authorization or renewal of the authorization.
 - (d) Revoke the authorization.
 - (e) Assess an administrative fine.
 - (f) Order restitution to an aggrieved student who participated in a distance education program.
 - (g) Impose any other sanction established by the Department by rule.



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WHAT WE CANNOT DO:

- We cannot act as a court of law, so we cannot order damages to be awarded, etc. **If you have this type of problem you should consult an attorney.**
- We cannot act as your attorney.
- We cannot take action in matters involving financial aid, the internal affairs of public, independent non-profit and proprietary institutions of higher education in Michigan. We only have jurisdiction over a participating college or out-of-state college as it relates to the delivery of distance education or complaints against any other licensed or authorized post-secondary school regulated by CSCL.

HOW YOU CAN HELP US:

- Summarize your complaint using these guidelines. Include how you first learned of the participating college or out-of-state college offering distance education (advertisement, personal contact).
 - a. Tell us WHAT happened. Start from the beginning. Be specific as to what was said and who said it.
 - b. Tell us WHO was present during these conversations or acts.
 - c. Tell us WHEN and WHERE these conversations/acts took place.
 - d. Tell us WHEN and WHERE the money and agreements changed hands.
 - e. Tell us HOW you know the representations were false.
- Attach photocopies of all documents such as contracts, agreements, certificates, notes, correspondence, legible copies of the front and back of checks involved, advertising, etc. **Documentary evidence is especially important. Please do not send originals; we cannot be responsible for their safekeeping.**
- Type or print clearly in ink.

SEND COMPLETED COMPLAINT FORM TO:

State Of Michigan
Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Administrative Services Section-Complaint Intake
P.O. Box 30018
Lansing, MI 48909

STATEMENT OF COMPLAINT

COMPLAINANT: The Corporations, Securities & Commercial Licensing Bureau (Bureau) has jurisdiction in only certain matters involving laws and regulations administered by the Bureau. If the Bureau has jurisdiction over your allegations, an investigation will be conducted for possible regulatory action by the Bureau. Your individual remedies should be pursued in the civil courts.

| THE COMPLAINT IS AGAINST | INFORMATION ABOUT YOU |
|--|---|
| Name of Licensee (Company) <input style="width: 95%;" type="text"/> | Name <input style="width: 95%;" type="text"/> |
| Address (Number and Street) <input style="width: 95%;" type="text"/> | Address (Number and Street) <input style="width: 95%;" type="text"/> |
| City, State <input style="width: 60%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/> | City, State <input style="width: 60%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/> |
| Telephone Number <input style="width: 95%;" type="text"/> | Telephone Number <input style="width: 95%;" type="text"/> |
| Name of Person You Dealt With <input style="width: 70%;" type="text"/> | E-mail address <input style="width: 95%;" type="text"/> |
| License Number (if known) <input style="width: 70%;" type="text"/> | Are you willing to testify in a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Indicate which of the following the complaint is against:

- | | |
|--|--|
| <ul style="list-style-type: none"> Alarm System Contractor Alarm System Provider Carnival/Amusement Ride Cemetery (Private) Forensic Polygraph Examiner Investment & Securities Professional Investigator | <ul style="list-style-type: none"> Post-Secondary Schools Pre-Paid Funeral Contract Seller/Provider Professional Employer Organization Security Guard Agency Ski Area Unarmed Combat Vehicle Protection Product Warrantor |
|--|--|

* Attach a brief detail of the allegations.

* Attach copies of all documents such as contracts, agreements, certificates, notes, correspondence, legible copies of the front and back of checks involved, prospectus, advertising, plans or specifications, etc. Please do not send originals; we cannot be responsible for their safekeeping and they will not be returned.

*The Bureau may ask you to provide other documents at a later date to support the allegations.

I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act.

SIGNATURE

DATE