



Larry Hogan  
Governor

Boyd K. Rutherford  
Lt. Governor

Ian D. MacFarlane  
Chair

James D. Fielder, Jr., Ph.D.  
Secretary

## COLLEGE AND UNIVERSITY FACULTY AND STAFF COMPLAINT FORM

### I. COMPLAINANT INFORMATION

Complainant's Last Name:	Complainant's First Name:	Complainant's Middle Name:
Address:		
City:	State:	Zip Code:
Daytime Telephone Number::	Email Address:	Date of Complaint:
College or University Name:		

Are (or were) you an employee of the institution? Yes  No

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

Start Date of Employment:	Current Date of Employment:	Employment position
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If **NO**, indicate your relationship with the institution (e.g., parent of a student, institutional official, etc.).

### II. DETAILS OF COMPLAINT

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 institutional staff involved. **Attach any documentation which will help describe the problem and substantiate allegations such as signed agreements, institutional faculty/staff handbooks, catalog, or correspondence.** (Documents will not be returned. Please retain your originals.)

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

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

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4. Have you filed this complaint with another organization? Yes  No   
If yes, list the organization's name and the outcome of the complaint below:

Name of Organization:

Outcome:

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5. Are you being represented by an attorney in connection with this matter? If so, list contact information below, and indicate whether MHEC may contact your attorney. Yes  No

Yes \_\_\_ No \_\_\_

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6. Have you started a court action? Yes  No   
If yes, provide specifics below:

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**PLEASE NOTE:** This complaint, or portions thereof, may be subject to disclosure under the Maryland Public Information Act. MHEC cannot guarantee the confidentiality of this complaint.

### 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 will be shared with the institution.***

Signature of Complainant:

Date:

### FOR MHEC USE ONLY

Date Complaint Received:

MHEC Staff Assigned:

Date Complaint Closed:

Disposition:



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## CONSENT TO RELEASE INFORMATION TO THE MARYLAND HIGHER EDUCATION COMMISSION

I, \_\_\_\_\_, am an employee at, or a former employee of,  
\_\_\_\_\_ (the institution).

I have submitted a complaint concerning the institution to the Maryland Higher Education Commission.

I hereby consent to the institution's release of any of my records, including personally identifiable information, that the institution determines is necessary to provide to the Maryland Higher Education Commission in response to my complaint. I also authorize representatives of the institution to talk with representatives of the Maryland Higher Education Commission about my complaint.

I understand that the Maryland Higher Education Commission will not re-disclose the information except in accordance with the law. Applicable law includes the Maryland Public Information Act, which generally requires MHEC to provide records upon request. I understand that my written complaint to MHEC, and other documentation associated with MHEC's review of my complaint, may be subject to public disclosure.

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Signature & Date

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Complainant Address