

State Authorization Reciprocity Agreement (SARA) St. John Vianney College Seminary

STUDENT COMPLAINT FORM

Name:	
Address:	
Ph	one Number: Email Address:
Pre	eferred Method of Contact: Phone Email
I am submitting a complaint against St. John Vianney College Seminary	
Name of program of study:	
Program start date:	
Current enrollment status:	
Cu	rrently attending above institution: Yes No Graduated Withdrew/Terminated
Complaint Information	
1.	Did you submit a complaint to the institution according its complaint policy? Yes No
2.	If complaint has already been submitted to St. John Vianney College Seminary, please submit documentation that you have exhausted your appeals with the institution. You should include documentation that you submitted to the institution regarding your complaint and any letters from the institution documenting its final decision regarding your complaint.
3.	Please describe your complaint in detail, including the nature of the incident, dates and names of individuals involved and institutional employees with whom you have discussed your complaint. You may submit on a separate document.
4.	How would you like to see your complaint resolved? For example, do you want a refund of tuition or to repeat a class?
5.	"I certify that the information provided on this form is true and correct to the best of my knowledge and belief. By submitting this form, I understand that I am granting permission to FL-SARA Postsecondary Distance Education Council (PRDEC), SARA's portal agency for the state of Florida and members of the FL-SARA Advisory Council to contact institution officials to discuss my complaint and a possible resolution."
Sig	nature: Date: