

**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

**HAWAII POST-SECONDARY EDUCATION AUTHORIZATION PROGRAM (HPEAP)**

**STUDENT COMPLAINT FORM**

This complaint form should only be used to file a complaint against institutions authorized by the Hawaii Post-Secondary Education Authorization Program (HPEAP). Please check the list of authorized institutions on the HPEAP website to confirm that this institution is authorized.

Please describe your complaint and submit copies of all supporting documentation. You must include 1) proof that you have exhausted all administrative remedies at the institution; 2) all relevant dates including the last day you attended this institution, the date you filed your complaint/grievance at the institution, and the date of the outcome; 3) names and contact information of people you communicated with regarding this complaint; 4) names and contact information of any witnesses; and 5) the relief/remedy you are seeking.

Submit your complaint to:

Hawaii Post-Secondary Education Authorization Program  
Department of Commerce and Consumer Affairs  
P.O. Box 541  
Honolulu, HI 96809

**Name of Complainant:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Name of Institution:** \_\_\_\_\_

Institution's Address: \_\_\_\_\_

**COMPLAINT.** Please type or print clearly in black ink your specific complaint against the institution. Attach copies of all pertinent documents (contracts, letters, receipts, photographs); and the names, addresses, and telephone numbers of any witnesses. If you attach a credit card or bank statement, be sure your account number is removed or obliterated. If you need additional space, continue on a separate sheet of paper and attach to this form.

AFFIDAVIT OF APPLICANT:

By submitting this form, I hereby request and authorize the institution to disclose all records pertaining to me and my complaint to HPEAP and its authorized representatives, to investigate my complaint under Hawaii Revised Statutes Chapter 305J.

I AGREE

I DO NOT AGREE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature

I hereby certify that the answers and statements contained in this complaint form and the documents attached are true and correct. If called upon, I will assist in the investigation or in the prosecution of this complaint, and will, if necessary, swear to a complaint, attend any hearing, and testify to facts.

I AGREE

I DO NOT AGREE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant's Signature