



National Council for  
State Authorization  
Reciprocity Agreements

*A voluntary, regional approach  
to state oversight of distance education*

## SARA Complaint Resolution Form

State of Wyoming

Portal Agency: Community College Commission

2300 Capitol Ave., 5th Floor, Suite B., Cheyenne WY 82002

**This form is for any current or former student enrolled in an online course leading to a degree or certificate provided by a SARA approved institution of postsecondary education in the State of Wyoming who is filing a complaint against that institution.**

- **An allegation that a postsecondary institution does not meet the state authorization requirements in W.S. 21-18-226 or WCCC Rules, Chapter 5, Section 12;**
- **An allegation that a SARA institution does not meet standards established by the institution's accrediting agency, the regional SARA compact or NC-SARA; or**
- **An allegation that a postsecondary institution violated deceptive trade practices and consumer protections guaranteed by W.S. 40-12 (will be forwarded to Consumer Affairs Division of the Office of the Wyoming Attorney General).**

*Note: Complaints involving student grades or student conduct violations are governed entirely by institutional policy.*

**Complainants must first go through the institution's complaint process before the complaint is brought to the SARA Coordinator**

### COMPLAINANT INFORMATION *(All fields are required)*

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

Affiliation with the college or university named below:

Current Student

Former Student

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**SCHOOL INFORMATION**

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

Location of Institution: \_\_\_\_\_  
Address City State Zip Code

Degree or Certificate Program (Example: AS in Accounting) of affected Student:

Degree or Certificate Program Name: \_\_\_\_\_

Major: \_\_\_\_\_

Dates of Attendance at Institution

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

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**COMPLAINT INFORMATION**

Have you gone through the institution's formal complaint process?

Yes

No

**Section A:** If you answered "Yes," please explain in a detailed complaint description how you exhausted the complaint process. Please attach all documentation related to the filing of your complaint and the subsequent responses showing that you have exhausted your appeals at the institutional level.

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**Section B:** If you answered “No,” please explain below why you were unable to complete the complaint processes. Note that WCCC will only address complaints after a student has exhausted his/her appeals at the institutional level. Please attach documentation as necessary.

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**Section C:** Please describe your complaint in detail, including the names of any college or university faculty or staff you spoke to about the complaint. Please attach existing documentation that may substantiate the complaint, which may include: institutional documents, catalogs, transcripts, contracts, brochures, course syllabi, email or other correspondence regarding the complaint between the complainant and the institution.

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**Section D:** Please give the titles and contact information for the individuals (if any) you mentioned in Section C.

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Please send this form and copies of any documents that support your complaint and/or show that you have gone through the institution's complaint procedures to: larry.buchholtz @ wyo.gov or mail them to:

Wyoming Community College Commission  
2300 Capitol Ave., 5th Floor, Suite B.  
Cheyenne, WY 82002

By submitting this form, I affirm that I am a current or former student of the institution named above. I agree to allow the Wyoming Community College Commission to submit a copy of my complaint and supporting materials to the above-named institution for a response. I further authorize the institution to transmit student records related to me affected by the institution's actions to the Commission for review. I understand that I may have to submit an information release form to the institution. I understand the decision/ruling of the Commission is final. I certify that the information I have provided to the Commission is complete, true and correct to the best of my knowledge and belief.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_