

ILLINOIS STATE BOARD OF EDUCATION  
Educator and School Development Division  
100 North First Street, E-310  
Springfield, IL 62777-0001

PRIVATE BUSINESS AND VOCATIONAL SCHOOLS  
CONSUMER COMPLAINT FORM

**Instructions:**

1. Please type or write clearly in ink.
2. State your claim filling in all blanks. Clear and complete information is necessary to secure an appropriate resolution.
3. Attach a copy of your enrollment agreement and any other relevant documents.
4. Return form with any attachments to the Illinois State Board of Education, Educator and School Development Division, Private Business and Vocational Schools, 100 North First Street, E310, Springfield, Illinois 62777-0001.

**CONSUMER**

NAME	DAY TELEPHONE (Include Area Code)
STREET ADDRESS (Street, City, State and Zip Code)	EVENING TELEPHONE (Include Area Code)

**COMPLAINT**

NAME OF SCHOOL	COURSE OF INSTRUCTION
STREET ADDRESS (Street, City, State and Zip Code)	DATE OF ENROLLMENT

Please explain the nature of your complaint and the type of relief/resolution you are seeking.  
(Explain in **detail** using **specific** dates, examples, etc.)

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**PLEASE READ THE FOLLOWING BEFORE SIGNING:**

May your name be identified in order to resolve this complaint?     YES     NO

The above complaint is true and accurate to the best of my knowledge.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature*

**Return to address indicated in instructions on first page of this document.**

ISBE USE ONLY

Complaint received by: \_\_\_\_\_  
*Signature*

\_\_\_\_\_ *Date*

*ISBE Witness to complainant assistance:* \_\_\_\_\_  
*Signature*

\_\_\_\_\_ *Date*