**CEPH Complaint Form**

**INSTRUCTIONS**

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| **Complete all pages of this form.**  **Complaints received without this form completed in its entirety may not be processed.** |

CEPH expects accredited units to remain in compliance with all CEPH standards for accreditation throughout the accreditation period granted. Therefore, one of the principal concerns of CEPH when it receives a complaint about an accredited unit is whether the accredited unit continues to be in compliance with CEPH’s published standards and procedures. For this reason, CEPH requires complaints to reference the specific accreditation standards and policies that are the subject of the complaint.

Another concern involves the methods, policies, philosophy, and procedures of the accredited unit for handling complaints on an ongoing basis. CEPH expects the accredited unit to have procedures for fairly and promptly resolving complaints that are raised by students and others. Therefore, in investigating complaints, CEPH also examines whether or not the accredited unit’s methods for handling complaints and grievances are equitable, consistently applied and effective.

**Filing a Complaint**

A complaint against a CEPH-accredited unit may be submitted to the CEPH Executive Director at any time via mail or email on the Complaint Form provided on the CEPH website.

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| Complaints must:   1. be in writing 2. be specific as to the accreditation criterion, procedure or policy that allegedly is being violated 3. include documentation that the accredited unit’s administrative complaint or grievance processes have already been exhausted 4. be signed 5. include the complainant’s contact information.   CEPH also requires a release authorizing CEPH to forward a copy of the complaint, including identification of the complainant, to the accreditation unit for a response.  **Complaints**  Laura Rasar King, MPH, MCHES  Executive Director  Council on Education for Public Health  1010 Wayne Avenue, Suite 220  Silver Spring, MD 20910  [lking@ceph.org](mailto:lking@ceph.org) |

**COMPLAINT FORM**

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

Address:

City: State: Zip Code:

Phone Number: E-mail Address:

**COMPLAINT POLICY AND PROCEDURES**

Before filing a complaint, it is strongly recommended that you read CEPH’s Complaint Policy, contained in the [Accreditation Procedures.](https://ceph.org/assets/Procedures.pdf)

**Complainant’s Status in Relation to the CEPH Accredited Unit:**

* Current Student
* Former Student
* Current Faculty
* Current Staff
* Former Employee
* Other (Please specify):

**Complaint Summary and Details**

1. **Accredited Unit Named in the Complaint:**
2. **Check the items that best summarize your complaint:**

* Non-Compliance with CEPH Criteria: (check and list specific criterion)
* Criterion A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion E: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion F: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion G: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Criterion H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⭘ Non-Compliance with a CEPH Policy

Name of Policy:

**Specifically describe how you believe that the accredited unit is not in compliance with CEPH standards or policies as noted in #2 above. Indicate the timeframe in which the events described occurred.**

**Describe the steps you have taken to resolve your concern, including the relevant grievance and appeals policies and processes you followed at the accredited unit. Provide evidence of the accredited unit’s actions to date within its grievance and appeals policies and processes and include copies of all correspondence between you and the accredited unit related to your concern. Please do not send original documents.**

**1. What was the final disposition of the accredited unit?**

**2. Have you filed this concern with another organization or agency?**

If yes, name of organization/agency:

Date filed:

What was the outcome? (Submit copies of any correspondence from the organization/agency that reviewed your concern.)

1. **Have you initiated legal proceedings regarding this concern?**

If yes, name of court:

Date filed:

What was the finding? (Submit copies of any rulings on your case by the court.)

**COMPLAINANT VERIFICATION**

**This complaint will not be processed unless all the items below are checked and you have signed and dated the Complaint Form.**

🞎 I have read CEPH Complaint Policy against an accredited unit.

🞎 I understand that CEPH will not review or act upon a complaint if it is filed with CEPH more than one year after the circumstances leading to the complaint occurred or within one year of the final disposition of the complaint by the accredited unit after the application of its own grievance policies and procedures through the college or university level.

🞎 I understand that CEPH Compliant Policy addresses an accredited unit’s non-compliance with (1) CEPH standards for accreditation or (2) CPEH policy. If CEPH finds an accredited unit to be non-compliant, any action CEPH might take will be directed toward bringing the accredited unit into compliance, not toward settling a dispute between a complainant and the accredited unit.

🞎 I understand per CEPH Complaint Policy, CEPH is not a mediator of disputes and, generally, will not interpose itself in a manner that limits the discretion of CEPH accredited units in the normal operation of their personnel or academic policies and procedures, unless a violation of CEPH standards or policies is specifically alleged. Such matters include: admission; grading; credit transfer decisions fees or other financial matters; disciplinary matters; contractual rights and obligations of students and personnel. CEPH will not seek any type of compensation, re-admission, or other redress on behalf of an individual. CEPH will not respond to or take action upon any complaint that is defamatory, hostile, or profane. In addition, CEPH will not involve itself in collective bargaining disputes.

🞎 I understand that the CEPH is not an investigative body.

🞎 I understand that if the CEPH Executive Director determines, after the initial review of the complaint, that the information or allegations suggest that an accredited unit may not be in compliance with CEPH standards, the Executive Director will notify the accredited unit that a complaint has been filed.

🞎 I understand that the Council of CEPH shall be the final decision-making authority on the complaint.

🞎 I hereby certify that all of the information I have provided to CEPH is true and complete to the best of my knowledge.

🞎 I certify that I am the individual named as the complainant.

**After receipt of the complaint, CEPH staff will send a letter or email to the complainant, within 15 days, acknowledging receipt of the complaint and explaining the process CEPH will follow in investigating the complaint.**

**STATEMENT GRANTING PERMISSION TO FORWARD COMPLAINT TO THE ACCREDITED UNIT**

I certify that the information I have provided is correct to the best of my knowledge and belief and hereby grant the CEPH permission to forward the complaint to the accredited unit for a response.

Name of Complainant (Please print or type):

Signature of Complainant:

Date Signed:

For Internal Use Only:

Date received by CEPH: