**CEPH Complaint Form**

**INSTRUCTIONS**

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| **Complete all pages of this form.** |

CEPH expects accredited schools and programs 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 school or program is whether it continues to be in compliance with CEPH’s published standards and procedures.

CEPH expects the accredited school or program to have procedures for fairly and promptly resolving complaints that are raised by students and others.

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| A complaint against a CEPH-accredited school or program may be submitted to the CEPH Executive Director at any time via mail or email on the Complaint Form provided on the CEPH website. Given the importance of clarity and due process for all parties, if a complainant contacts CEPH by phone, CEPH staff will assist the complainant in locating the form and submitting the complaint in writing.  Complaints must be submitted in writing, succinctly describe the circumstances leading to the complaint, and include the complainant’s contact information:  Complaints may be filed with a statement authorizing CEPH to forward a copy of the complaint, including identification of the complainant, to the school program for a response. Upon request of the complainant for confidentiality, however, the complaint may proceed without identifying the complainant. Under those circumstances, the complainant is advised that CEPH cannot guarantee confidentiality (as the circumstances described in the complaint may result in identification) and keeping the complainant’s identity confidential may hinder CEPH’s ability to fully investigate the complaint allegations.  **Complaints**  Laura Rasar King, EdD, 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) |

**Filing a Complaint**

**COMPLAINT FORM**

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

Address:

City: State: Zip Code:

Phone Number: E-mail Address:

**COMPLAINT POLICY AND PROCEDURES**

Before filing a complaint, we ask that you read CEPH’s Complaint Policy, contained in the [Accreditation Procedures](https://ceph.org/documents/1/Procedures.pdf), Section 15.

**I am a:**

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

**Complaint Summary and Details**

1. **Accredited School or Program Named in the Complaint:**
2. **Succinctly describe the circumstances leading to your complaint. Indicate the timeframe in which the events described occurred.**
3. **Check the items you believe your complaint relates to:**

* Non-Compliance with [CEPH Criteria for Schools and Programs](https://ceph.org/documents/297/2021.Criteria.pdf):
* Administration and governance, including student governance (Criterion A)

🞎 Guiding statements, evaluation and quality improvement, graduation rates, post-graduation outcomes, curricular effectiveness (Criterion B)

🞎 Fiscal, faculty, staff, physical, technology and information resources (Criterion C)

🞎 Curriculum, competencies, applied practice experiences, integrative learning experiences, program length, distance education (Criterion D)

🞎 Faculty qualifications, faculty practice experience, instructional effectiveness, scholarship/research, service to the community and/or profession (Criterion E)

🞎 Community involvement in program evaluation, student involvement in community/professional service, delivery of professional development opportunities for the workforce (Criterion F)

🞎 Diversity and cultural competence (Criterion G)

🞎 Academic and career advising, student complaint procedures, recruitment and admissions, accurate publication of educational offerings (Criterion H)

🞎 Other or not sure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Non-Compliance with [CEPH Criteria for Standalone Baccalaureate Programs](https://ceph.org/documents/152/2018.SBPcriteria.pdf):
* Administration and governance, faculty engagement (Criterion A)

🞎 Curriculum, competencies, cumulative and experiential activities (e.g., internship, research experience) (Criterion B)

🞎 Evaluation of program effectiveness, student competency attainment, graduation rates, post-graduation outcomes, stakeholder feedback (Criterion C)

🞎 Faculty resources, student enrollment (Criterion D)

🞎 Faculty qualifications, faculty currency, practitioner involvement, graduate student instructors (Criterion E)

🞎 Financial resources, physical resources, academic and career support resources (Criterion F)

🞎 Academic advising, career advising, student satisfaction with advising (Criterion G)

🞎 Diversity, inclusion, cultural competence (Criterion H)

🞎 Other or not sure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⭘ Non-Compliance with a [CEPH Policy](https://ceph.org/about/org-info/who-we-accredit/applicants/) or [Procedure](https://ceph.org/documents/1/Procedures.pdf):

Name or description of Policy or Procedure:

1. **Describe any steps you have taken to resolve your concern, including complaint, grievance and appeals policies and processes you followed at the accredited school or program. Describe the accredited school or program’s actions to date within its grievance and appeals policies and processes. Include copies of relevant correspondence between you and the accredited school or program related to your concern, if applicable. Please do not send original documents.**

**What was the final decision of the accredited school or program?**

1. **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 relevant 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**

**Please check each box below to indicate your understanding of each item.**

🞎 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.

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

🞎 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 schools or programs 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 if the CEPH Executive Director determines, after the initial review of the complaint, that the information or allegations relate to CEPH criteria, policies or procedures, the Executive Director will notify the accredited school or program that a complaint has been filed.

🞎 I understand that the Executive Committee 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.

🞎 I understand that I may request that my name remain confidential.

* I understand that requesting confidentiality may hinder the ability of CEPH to investigate the complaint fully.

🞎 I understand that CEPH cannot guarantee confidentiality (as the circumstances described in the complaint may result in identification), if requested.

**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 addressing the complaint.**

**STATEMENT GRANTING PERMISSION TO FORWARD COMPLAINT TO THE ACCREDITED SCHOOL OR PROGRAM   
  
Please select one of the options below:**

* 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, **including my name**, to the accredited school or program for a response.
* 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 investigate the complaint. **I request that my name remain confidential**. I understand that CEPH will make every effort to honor this request, that CEPH cannot guarantee confidentiality, and that this request may hinder CEPH’s ability to conduct a full investigation into the allegations of the complaint.