



# Complaint Submission Form

For purposes of its *Policy Governing Complaints*, FEPAC defines a *complaint* as notification by any **individual** person or entity (including, but not limited to, any individual student, faculty member, or staff member of a FEPAC-accredited program; any individual member of the general public; any representative of a state, federal, or local government; and any individual member of any institution or organization) that sets forth reasonable and credible information that (a) a FEPAC-accredited program; or (b) an applicant seeking FEPAC accreditation is not in compliance with FEPAC’s Standards for Accreditation, required accreditation policies/procedures and or its *Code of Conduct*.

**NON-RETALIATION.** FEPAC and its accredited programs are explicitly prohibited from retaliating against individuals or entities filing complaints with the Forensic Education Programs Accreditation Commission (FEPAC or Commission). Such retaliation constitutes grounds for the Commission to take appropriate action, including adverse action against the program.

**FORMAL COMPLAINT SUBMISSION INSTRUCTIONS:** Submit the completed and signed *Complaint Submission Form* and any supporting documentation to FEPAC’s Accreditation and Outreach Manager

by **mail** to: FEPAC Accreditation and Outreach Manager, 410 North 21<sup>st</sup> Street, Colorado Springs, CO 80904

or **electronically** to: [nzevotek@aafs.org](mailto:nzevotek@aafs.org)

**INFORMATION ABOUT THE PARTY MAKING THE COMPLAINT (THE “COMPLAINANT”):**

Today’s Date:			
Complainant’s Name:			
Address:			
City:	State:	Zip:	
Home/Work Number:	Cell Number:		
Email address:			

**1. THIS COMPLAINT IS BEING MADE AGAINST (CHECK ONLY ONE BOX):**

A program that is accredited by FEPAC. **INSTRUCTIONS:** Complete paragraphs 1-5 of this *Complaint Submission Form*.

Name of School:	
City/State of School:	
Complainant’s relationship to school/program:	

FEPAC

The Commission will evaluate complaints made against it, including those that relate to its monitoring of the program’s compliance with Standards for Accreditation, required accreditation policies/procedures and or its *Code of Conduct*. **INSTRUCTIONS:** (A) Describe your comment or complaint against FEPAC in the box below. (Be specific – who, what, when, where, and how), and (B) complete paragraph 5. Attach additional page(s) as necessary.

**2. HAVE ALL INTERNAL PROGRAM GRIEVANCE AND REVIEW MECHANISMS AVAILABLE BEEN EXHAUSTED?  YES  NO IF "NO", THEN THIS COMPLAINT TO FEPAC IS PREMATURE.**

If "Yes," describe and include evidence (e.g. written communication) of your efforts to resolve the complaint through the program's internal grievance process or explain the reason(s) that such efforts would not be productive.

**3. DESCRIBE THE ACTION(S) FORMING THE BASIS OF THE COMPLAINT THAT DIRECTLY RELATES TO FEPAC'S STANDARDS FOR ACCREDITATION, REQUIRED ACCREDITATION POLICIES/PROCEDURES AND/OR ITS CODE OF CONDUCT AND PROFESSIONAL ETHICS AND INCLUDE SUPPORTING DOCUMENTATION. BE SPECIFIC. ATTACH SUPPORTING DOCUMENTATION, AS NEEDED.**

**SUPPORTING DOCUMENTATION IS ATTACHED/INCLUDED:  Yes  No**

**4. ARE THERE LEGAL PROCEEDINGS RELATED TO THIS COMPLAINT?  YES  NO**

If "Yes," describe the nature of the legal proceedings, the forum, and the status to date.

**5. PLEASE READ THE FOLLOWING CAREFULLY AND CHECK ONLY ONE (1) BOX.**

Generally, FEPAC will not investigate anonymous complaints (i.e., complaints in which the identity of the complainant is not known). FEPAC, in its sole discretion, may require an institution or program to respond to such a complaint if the identity of the complainant is not necessary to determine whether the allegations constitute non-compliance with Standards for Accreditation, required accreditation policies/procedures and or its *Code of Conduct*.

By checking this box, I wish to remain anonymous and request that FEPAC hold my identity in confidence regarding this complaint. Under these circumstances, FEPAC will review the complaint, but in its discretion may determine that the complaint will not be investigated where the identity of the complainant is a material fact necessary to determine whether

non-compliance has occurred or is needed for the program or FEPAC to have a fair opportunity to investigate and respond. **Additionally, while FEPAC will take every reasonable precaution to prevent the identity of the complainant from being revealed, FEPAC cannot guarantee the confidentiality of the complainant.**

By checking this box, I authorize FEPAC to divulge my identity as it deems necessary regarding resolution of this complaint.

If filed on paper, signature and date are required: \_\_\_\_\_  
Signature

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

**If filed electronically:**

Checking this box and entering my full name and date below constitutes my legal signature on this form.

Full Name:		Date:	
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**Revision History**

Date Revised	Summary of Revisions	Approved By