

# EDUCATION PROVIDER COMPLAINT

RE 340 (Rev. 7/18)

- ❖ Read instructions on Education Provider Complaint Form Information (RE 340A) before completing this form.
- ❖ Type or print clearly in ink.
- ❖ Mail or hand deliver completed form and attachments to the appropriate office; see RE 340A.

RECEIVED DATE

## INFORMATION ABOUT YOU

NAME (ENTER YOUR FULL NAME)

RESIDENCE ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)

BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)

OCCUPATION

BUSINESS TELEPHONE NO. (INCLUDE AREA CODE)

RESIDENCE TELEPHONE NO. (INCLUDE AREA CODE)

CELL PHONE NO. (INCLUDE AREA CODE)

EMAIL ADDRESS

NAME OF NEAREST RELATIVE

RELATIVE'S PHONE NUMBER (INCLUDE AREA CODE)

## INFORMATION ABOUT PERSON/COMPANY YOU ARE COMPLAINING AGAINST

1. FULL NAME OF BUSINESS, COMPANY, FIRM

DRE SPONSOR NUMBER

COURSE NUMBER

BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE; INCLUDE ROOM, APARTMENT OR SUITE #, IF ANY)

BUSINESS TELEPHONE NO. (INCLUDE AREA CODE)

2. FULL NAME OF REPRESENTATIVE OR INSTRUCTOR

FULL NAME OF SECOND REPRESENTATIVE OR INSTRUCTOR, IF ANY

3. DATE(S) OF INSTRUCTION

PLACE(S) WHERE INSTRUCTION OCCURRED

ADDRESS WHERE INSTRUCTION TOOK PLACE

4. HAVE YOU CONTACTED THE BUSINESS REGARDING YOUR COMPLAINT?

NO  YES IF YES, COMPLETE THE FOLLOWING.

DATE(S) OF CONTACT

PERSON(S) CONTACTED

RESULTS OF CONTACT

5. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER LAW ENFORCEMENT OR CONSUMER PROTECTION AGENCY?

NO  YES IF YES, COMPLETE THE FOLLOWING.

NAME OF AGENCY	ADDRESS OF AGENCY
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RESULTS OF THAT COMPLAINT

6. HAVE YOU RETAINED AN ATTORNEY TO ASSIST IN RESOLVING THIS MATTER?

NO  YES IF YES, COMPLETE THE FOLLOWING.

NAME OF ATTORNEY	BUSINESS TELEPHONE NUMBER
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ADDRESS OF ATTORNEY

MAY WE CONTACT YOUR ATTORNEY WITH REFERENCE TO THIS MATTER?

NO  YES

7. IS THIS COMPLAINT INVOLVED IN A CIVIL ACTION (LAWSUIT) FILED OR PENDING IN ANY COURT?

NO  YES IF YES, COMPLETE THE FOLLOWING.

NAME OF COURT

ADDRESS OF COURT

TYPE OF ACTION	CASE NUMBER
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8. ARE YOU WILLING TO APPEAR AS A WITNESS, BE SWORN, TESTIFY AND CROSS-EXAMINED CONCERNING THE ALLEGATIONS MADE IN THIS COMPLAINT?

NO  YES IF NO, LIST REASONS BELOW.

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9. WERE THERE ANY WITNESSES TO THE DESCRIBED COMPLAINT?

NO  YES IF YES, COMPLETE THE FOLLOWING AND DESCRIBE IN ITEM #11 WHAT THEY SPECIFICALLY WITNESSED.

FULL NAME OF WITNESS #1

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS	BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)
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FULL NAME OF WITNESS #2

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS	BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)
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10. INDICATE WHICH OF THE FOLLOWING DOCUMENTS ARE ATTACHED, INCORPORATED AND MADE PART OF THIS COMPLAINT.

ATTACHED      NOT AVAILABLE      TYPE OF DOCUMENT

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | RECEIPTS (PROOF OF PAYMENT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | COURSE MATERIAL   |
| <input type="checkbox"/> | <input type="checkbox"/> | ADVERTISEMENTS  |
| <input type="checkbox"/> | <input type="checkbox"/> | COMPLETION CERTIFICATE(S)   |
| <input type="checkbox"/> | <input type="checkbox"/> | WEB SITE PRINTOUTS  |
| <input type="checkbox"/> | <input type="checkbox"/> | COPIES OF ALL DOCUMENTS WHICH RELATE TO YOUR COMPLAINT THAT ARE NOT LISTED ABOVE. |

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