



National Council for  
State Authorization  
Reciprocity Agreements

*A voluntary, regional approach  
to state oversight of distance education*

## SARA Complaint Resolution Form

South Dakota

Portal Agency: South Dakota Board of Regents

306 E. Capitol Avenue, Pierre, SD 57501

**This form is for any current student or former student enrolled in an online degree program who is filing a complaint against a South Dakota-based degree-granting institution approved under the State Authorization Reciprocity Agreement (SARA). Complaints that can be resolved under this process include:**

- **An allegation that a postsecondary institution does not meet the state authorization requirements in SDCL ch 13-48 (will be forwarded to Secretary of State);**
- **An allegation that a postsecondary institution violated deceptive trade practices and consumer protections guaranteed by SDCL ch 37-24 (will be forwarded to Consumer Affairs Division of the Office of the South Dakota Attorney General), or;**
- **An allegation raised by a distance education student that a SARA institution does not meet standards established by the institution's accrediting agency or SARA.**

*Note: Complaints involving student grades or student conduct violations are governed entirely by institutional policy.*

**Complainants must first go through the institution's complaint process before the complaint is brought to the SARA Coordinator.**

### COMPLAINANT INFORMATION *(All fields are required)*

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

Affiliation with the college or university named below:

Current Student

Former Student

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**SCHOOL INFORMATION**

Name of Institution: \_\_\_\_\_

Location of Institution: \_\_\_\_\_  
Address City State Zip Code

Degree Level and Major (Example: Bachelor of Science in Accounting) of affected Student:

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Dates of Attendance at Institution

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

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

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**COMPLAINT INFORMATION**

Have you gone through the institution's formal complaint process?

Yes

No

**Section A:** If you answered "Yes," please explain in your detailed complaint description how you exhausted the complaint process. Please attach documentation showing that you have exhausted your appeals at the institutional level.

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**Section B:** If you answered “No,” please explain below why you were unable to complete the complaint processes. Note that SDBOR will only address complaints after a student has exhausted his/her appeals the institutional level. Please attach documentation if necessary.

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**Section C:** Please describe your complaint in detail, including the names of any college or university faculty or staff you spoke to about the complaint. Please attach existing documentation that may substantiate the complaint, which may include: institutional documents, catalogs, transcripts, contracts, brochures, course syllabi, or correspondence regarding the complaint between the complainant and the institution.

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**Section D:** Please give the titles and contact information for the individuals (if any) you mentioned in Section C.

[Empty rectangular box for providing titles and contact information for individuals mentioned in Section C.]

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Please send this form and copies of any documents that support your above complaint and/or show that you have gone through your institution's complaint procedures to [Katie.Boehnke@sdbor.edu](mailto:Katie.Boehnke@sdbor.edu) or mail them to:

South Dakota Board of Regents  
ATTN: Katie Boehnke  
306 E. Capitol Avenue, Suite 200  
Pierre, SD 57501

By submitting this form, I affirm that I am a current or former student of the institution named above. I agree to allow the South Dakota Board of Regents to submit a copy of my complaint and supporting materials to the above-named institution for a response. I further authorize the institution to transmit student records related to me affected by the institution's actions to the Board of Regents for review. I understand that I may have to submit an information release form to the institution. I certify that the information I have provided to the Board of Regents is complete, true and correct to the best of my knowledge and belief.

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

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

Signature: \_\_\_\_\_