

COMPLAINT & DISCLOSURE FORM

The Perry Foundation Academy of Health takes all complaints and disclosures seriously and investigates all allegations received to the best of our ability. If at any time you wish to file a complaint with the Commission on Postsecondary Education, you may do so at https://cpe.nv.gov/. Please see the bottom of this form for instructions to submit.

COMPLAINT REGISTERED AGAINST					
NAME OF SCHOOL AND WHAT PROGRAM					
ADDRESS		PHONE NUMBER			
СІТҮ	STATE	ZIP			
	0.772				
	STUDENT	FILING COMPLAINT			
LAST NAME	FIRST	MIDDLE INITIAL			
MAILING ADDRESS					
CITY	STATE	ZIP			
EMAIL					
	A T I	THORIZATION			
	AU	INORIZATION			
IF YOU WOULD LIKE TO REMAIN ANONIMOUS, WE RESPECT YOUR RIGHT TO DO SO AND APPRECIATE YOUR WILLINGNESS TO COMPLETE THIS FORM. WE WILL INVESTIGATE ALL ALLEGATIONS EITHER WAY.					
I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE STATEMENTS WITHIN THIS DOCUMENT ARE TRUE AND CORRECT.					
STUDENT SIGNATURE:		DATE:			
DETAILS OF COMPLAINT					
STUDENT STATUS					
CURRENTLY ATTENDING TERMINATED GRADUATED WITHDRAW OTHER					
LAST DATE OF ATTENDANCE/TERMINATION/WITHDRAWAL					
EDUCATIONAL PROGRAM					

ALLEGATION 1:				
ALLEGATION 2:				
SUPPORT DOCUMENTATION PROVIDED \Box YES \Box NO				
ALLEGATION 3:				
SUPPORT DOCUMENTATION PROVIDED \Box YES \Box NO				
ALLEGATION 4:				
SUPPORT DOCUMENTATION PROVIDED				
HAVE YOU ATTEMPTED TO RESOLVE THIS MATTER WITH THE SCHOOL?	□YES	□NO		
IF YES, WHOM DID YOU SPEAK WITH, WHAT WAS THE DATE (S) AND RESULTS?				
WHAT WOULD YOU LIKE THE PERRY FOUNDATION ACADEMY OF HEALTH DO FOR YOU?				

This form may be returned to the Perry Foundation Academy of Health using one of these methods:

1) Email to the Executive Administrator at Devan@PerryFoundationNV.org or President at Robert@PerryFoundationNV.org

2) In person or by mail to the Perry Foundation Academy of Health, 2920 N. Green Valley Pkwy, #712, Henderson, NV, 89014.

3) Fax: (775) 243-4630