



Complaints Involving Applicant and Member Institutions Procedures

Effective Date: July 1, 2023

Contents

- I. Purpose
- II. Procedures for Submitting a Complaint
- III. Procedures for Commission Review of Complaints and Action
- IV. Procedures for Use of Complaints in the Accreditation Decision-Making Process
- V. Procedures for Institution's Handling of Student Complaints
- VI. Definitions

I. Purpose

The Mid-Atlantic Region Commission on Higher Education (MARCHE), doing business as the Middle States Commission on Higher Education (MSCHE or the Commission), seeks to consider information provided by various institutional constituents, including but not limited to current and former students (alumni), institutional employees, governing body or board members, and the general public in the evaluation of applicant and member institutions. The purpose of this policy is to establish a means for institutional constituents to submit a complaint to the Commission with reasonable and credible information supporting an allegation of an applicant or member institution's non-compliance with Commission standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements. A complaint is defined as the submission, pursuant to this policy and procedures, of reasonable and credible information and evidence supporting an allegation of an applicant or member institution's non-compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.

The Commission shall provide alternative processes for submitting information about institutions pursuant to other Commission policies and procedures, including but not limited to written third-party comments in accordance with the Commission's *Third-Party Comments for Institutions Under Review Policy and Procedures* or whistleblower complaints related to the wrongful conduct of Commission representatives in accordance with the Commission's *Whistleblower Policy and Procedures*. More information can be found on the Complaints page of the Commission's website at (www.msche.org).

II. Procedures for Submitting a Complaint

- A. Anyone with reasonable and credible information concerning potential non-compliance of an applicant or member institution may submit a complaint in good faith at any time.
- B. The Commission provides information about the process for submitting information about an institution to the Commission, including complaints, on the Complaints page of the Commission's website (www.msche.org).

- C. The Commission will provide an online form for the submission of complaints on the Complaints page of its website (www.msche.org).
- D. The Commission staff will not process any complaint that is sent to Commission representatives outside of these procedures.
- E. Complainants may also submit inquiries or questions about the complaints process via email at complaints@msche.org. The Commission will communicate with all complainants via complaints@msche.org.
- F. The complainant must submit the complaint and all supporting documentation or evidence in English.
 - 1. The complainant will upload supporting documentation in pdf format which clearly and concisely provides evidence to support the allegations made in the complaint.
 - 2. The complainant will specifically reference all supporting documentation within the narrative so that the relevance of the documentation is explicit.
- G. The Commission will accept complaints submitted through mail or other form of effective delivery to the Commission's physical address in limited circumstances and when warranted to ensure the opportunity for students who are incarcerated or for others who may have accessibility issues or challenges so long as they include:
 - 1. The complainant's name and contact information;
 - 2. The basis of any allegation of noncompliance with Commission standards and procedures;
 - 3. A brief description of the actions forming the basis of the complaint;
 - 4. Copies of any evidence that supports the allegations; and
 - 5. A release statement authorizing MSCHE to forward a copy of the complaint, including identification of the complainant(s) to the institution.
- H. Complainants may request anonymity; however, complainants must identify themselves to the Commission so that it can process and legitimize the complaint.
 - 1. Upon request, the Commission will process the complaint as anonymous and the complainant's identity will be withheld.
 - 2. The Commission will conduct due diligence to redact any personally identifiable information in the complaint materials. The Commission has full discretion to perform any redactions that the Commission, in its sole discretion, deems appropriate.
 - 3. Despite the Commission's due diligence, it is always possible that the institution may be able to identify the complainant's identity from the circumstances of the complaint.
 - 4. The Commission is not liable if the complainant's identity is identified.
 - 5. The Commission may consider if the complainant's identity is necessary to process the complaint and provide due process to the institution.
 - 6. In such cases, the Commission will request and wait for express authorization

from the complainant to waive anonymity before taking further action.

7. If the complainant will not waive anonymity, the Commission may be limited in the type of information that can be requested and the resolution that can be obtained from the institution.
- I. The Commission encourages complainants to attempt to exhaust the institution's complaint or grievance processes prior to submitting a complaint with the Commission. In cases where this has not been done, complainants must explain to the Commission's reasonable satisfaction why pursuing the complaint through the institution is not feasible or reasonable.
 - J. Because of the need for information to be current, except in extraordinary circumstances, the Commission will not consider complaints if three years or more have passed since the complainant initiated the institution's grievance procedure or the incident occurred. In limited circumstances, and at the Commission's sole discretion, the Commission may consider complaints beyond the three-year period if the Commission determines that the delay is a result of the institutional processes and not the complainant's failure to act.
 - K. The Commission reserves the right to determine that a complaint is outside of the Commission's purview.
 1. Examples of matters that have been considered outside of the Commission's purview include collective bargaining, purely individual matters requesting resolution for an individual only, when an individual is not satisfied with the result of a previous complaint or grievance but the institution followed its policy and procedures.
 2. The Commission will notify the complainant if a complaint is considered outside of the Commission's purview.
 - L. The Commission's review will focus on alleged non-compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements or alleged violations by the institution of its own policies and procedures. The complainant should not focus on individual circumstances.
 - M. The Commission staff will review the complaint and identify the relevant standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements to which the complaint pertains.
 - N. The Commission's review of a complaint and any subsequent action are not intended to be used to obtain a reversal of an institution's decision with respect to a complainant's grievance or discipline, if any, nor is it dependent upon any litigation or administrative agency actions/investigations that may also have been initiated or in progress. The Commission's review may not result in any retroactive or corrective action for the complainant.

- O. The Commission will complete its review and take any appropriate subsequent accreditation action, which may include a request for a supplemental information report or a non-compliance action, in accordance with the Commission's *Accreditation Actions Policy and Procedures*.

III. Procedures for Review of Complaints by the Commission

- A. The Commission staff will review any complaint it receives against an applicant or member institution that is related to the Commission's standards or procedures in a timely, fair, and equitable manner in accordance with federal regulation 34 CFR § 602.23(c).
- B. The complainant will receive confirmation immediately by e-mail from complaints@msche.org through an automated message upon the online submission of the complaint. If an automated confirmation is not received, the complaint was not successfully submitted.
- C. The Commission staff will review the complaint within thirty (30) calendar days of the date of receipt (and email confirmation) to determine if the complaint is materially complete. The Commission staff will notify the complainant in writing that the complaint is materially complete and describe the next steps in the process.
- D. If the complaint is not materially complete, the Commission staff will request additional information from the complainant and establish a due date (usually two weeks).
 - 1. At the discretion of the Commission staff, a request for additional information may extend the rest of the timeline.
 - 2. If the complainant does not respond or provide additional information, the complaint will be considered incomplete and will be closed.
- E. The Commission staff will forward the complaint to authorized representatives (key contacts) of the institution for response and will establish a due date, not to exceed thirty (30) calendar days from the date the Commission staff completes the review of the complaint.
- F. If a complaint directly pertains to the alleged actions of authorized representatives (key contacts) of the institution, the Commission expects the institution to take appropriate actions to avoid any conflicts of interest with the development of the institution's response to the complaint. The individual involved or named in a complaint should not respond to the Commission's request.
- G. The institution will provide a written response to the complaint according to established deadlines.
 - 1. Failure to respond to the Commission's requests or the complaint may result in further appropriate action by the Commission, including but not limited to a non-compliance action or a request for a supplemental information report.

2. In accordance with the Commission's *Communication in the Accreditation Process Policy and Procedures, Section VII: Procedures for Confidentiality*, the Commission cannot share the institution's response with the complainant.
- H. The Commission staff may request additional information from the institution at any time during the review.
1. At the discretion of the Commission staff, a request for additional information may extend the rest of the timeline.
 2. The timeline for the institution's response to additional information will not exceed thirty (30) calendar days.
- I. The institution will provide additional information according to established deadlines. Failure to respond to the Commission's requests may result in further appropriate action by the Commission, including but not limited to a non-compliance action or a request for a supplemental information report.
- J. The Commission staff reserves the right to extend the timeline of the review. The Commission staff will notify the complainant of any changes to the timeline.
- K. If the Commission staff determines that the institutional response satisfactorily addresses the issue(s) raised in the complaint, and/or if the Commission staff determines that no violation of the Commission's accreditation standards, requirements of affiliation, policies or procedures, and/or applicable federal regulatory requirements has occurred, or that no violation of the institution's policies or procedures has occurred, the Commission staff will close the complaint.
1. The Commission staff may, however, request that the institution continue to keep the Commission informed of any changes that the institution may have initiated as a result of the complaint or the underlying circumstances of the complaint, including but not limited to verifying that changes were implemented in institutional communications, policies, procedures, and handbooks.
 2. The Commission staff will notify the complainant and the institution of the result of the review.
- L. If the Commission staff determines that the institutional response does not satisfactorily address the issues raised in the complaint, and/or if the Commission staff determines that a violation of the Commission's accreditation standards, requirements of affiliation, policies or procedures, and/or applicable federal regulatory requirements has occurred, or that a violation of the institution's policies or procedures has occurred, the Commission staff will require the institution to make documented improvements to come into compliance and report to the Commission.
1. The Commission staff may take any or all of the following actions:
 - i. Request additional information from the institution;
 - ii. Request a supplemental information report; or
 - iii. Take any additional action in accordance with the procedures for ongoing monitoring in the Commission's *Accreditation Review Cycle and Monitoring Policy and Procedures*.

2. The Commission staff will notify the complainant and the institution of the result of the review.

IV. Use of Complaints in the Accreditation Decision-Making Process

The Commission will use the institution's history of complaints in the accreditation decision-making process to identify patterns and any areas of potential non-compliance.

- A. At the time of application, candidate assessment, initial accreditation, self-study evaluation, follow-up reports and visits, substantive change, and at any other time deemed relevant by the Commission, the Commission staff will compile the institution's history of complaints for Commission representatives.
- B. The Commission will provide a summary of the history of institutional complaints and their resolution to Commission representatives when they conduct accreditation activities.
- C. The Commission will analyze the summary and determine if there is a pattern of complaints or areas of non-compliance when it acts on an institution's application for candidate for accreditation status, initial accreditation, reaffirmation of accreditation, or substantive change (including complex substantive changes).
- D. The Commission will provide summaries of the history of institutional complaints and their resolution at committee meetings and each meeting of the Commission. The summary provides an analysis of any unresolved complaints and any other relevant data including publicly available data that would support the discussion.

V. Procedures for Commission Review of an Institution's Handling of Complaints or Grievances (Standard II)

The Commission expects institutions to have policies and operational procedures to fairly and promptly resolve complaints filed against the institution by constituents including but not limited to students, faculty or staff in accordance with the Commission's *Public Disclosures Policy and Procedures*, the Standards for Accreditation and Requirements of Affiliation (Standard II), and federal regulations 34 CFR § 602.16(a)(1)(ix) and 34 CFR § 668.43(b).

- A. The institution will develop a complaints or grievance policy and/or procedures that are documented and disseminated to address complaints or grievances raised by students, faculty, or staff.
- B. The institution's policies and procedures will be fair and impartial, and assure that grievances are addressed promptly, appropriately, and equitably.
- C. The institution's policies and procedures will provide a complaint or grievance process for all students, including but not limited to students who are confined or incarcerated, and students at foreign additional locations and branch campuses.

- D. The institution will regularly review its complaints policies and/or procedures.
- E. The institution will utilize data to evaluate the effectiveness of complaint policies and procedures.
- F. The institution will monitor all complaints it receives to identify patterns and take action when they reveal potential non-compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
- G. The institution will provide, at a minimum, the following information to the Commission as evidence of compliance at the time of application, candidate assessment, initial accreditation, self-study evaluation, and at any other time deemed relevant by the Commission:
 - 1. Policies and procedures for complaints
 - 2. Timelines for how frequently the policies or procedures are reviewed
 - 3. Description of the complaint process including who administers complaints policies or procedures
 - 4. A list of student complaints and resolution
 - 5. A list of complaints by other constituents and resolution
 - 6. Information about how complaints are tracked and analyzed
 - 7. Documentation of the manner in which the institution uses complaints data to make improvements
- H. In accordance with federal regulation 34 CFR § 602.16(a)(1)(ix), the Commission will review the institution's record of student complaints which will include data that capture the number of complaints received and how the institution resolved the complaint to determine if a pattern of complaints exists.
- I. The Commission will review the institution's policy and/or procedures for complaints or grievances to ensure they are publicly disclosed, disseminated, and are fair and impartial, and assurance grievances are addressed promptly, appropriately, and equitably (Standard II, criterion 3).
 - 1. The Commission will confirm that institution has policies and/or procedures regarding complaints or grievances.
 - 2. The Commission will confirm that the institution provides students or prospective students with accurate and updated contact information for filing complaints with MSCHE and with its State approval or licensing entity and any other relevant State official or agency that would appropriately handle a student's complaint in accordance with 34 CFR § 668.43(b).
 - 3. The institution should direct students or prospective students to the Complaints page of the Commission's website (www.msche.org).
- J. The institution will provide any additional evidence as requested by Commission representatives.

- K. The Commission will provide training to peer evaluators on how to review institutional complaint policies and/or procedures to make a reasonable determination of whether they meet the requirements of this policy and procedures.
- L. If peer evaluators find potential non-compliance in the institution's complaints policy and/or procedures or in the record or data of institutional complaints, the Commission will take an accreditation action in accordance with the Commission's *Accreditation Actions Policy and Procedures*.

VI. Definitions

The following definitions are used or inferred in this policy and/or procedure:

- A. **Accreditation activities.** All activities (including but not limited to reviews, reports, visits) conducted by Commission representatives related to the institution's accreditation phase, accreditation status, or scope of accreditation occurring throughout the accreditation review cycle and during monitoring activities for a member (accredited or candidate) or applicant institution.
- B. **Accreditation materials.** All documentation related to accreditation activities including but not limited to the institution's written reports to the Commission, submitted evidence, team reports, institutional responses, confidential briefs, third-party comments, action notifications, substantive change requests, transcripts of proceedings, team rosters, and any correspondence of record. Accreditation materials are treated as confidential by Commission representatives, become part of the institutional record, and are retained in accordance with the Commission's *Maintenance and Retention of Commission Records Policy and Procedures*.
- C. **Accreditation status.** The member institution's standing with the Commission based on the most recent grant of candidate for accreditation status, grant of accreditation, reaffirmation, non-compliance, or adverse action taken by the Commission. Accreditation status is posted on the institution's directory listing on the Institutions page of the MSCHE website (www.msche.org).
- D. **Authorized representatives of member institutions.** The institution will designate specific individuals to serve as authorized representatives of the institution when they designate them as key contacts (CEO, ALO, CFO, Portal Delegate) in the secure MSCHE portal. Authorized representatives act responsibly on behalf of the institution in matters related to accreditation and are individuals with whom the Commission will directly communicate. The Commission may consider the Chair of the Board to be an authorized representative of the institution.
- E. **Commission representative.** Any individual who represents or serves the Commission including assigned peer evaluators, Commission staff, and Commissioners.

- F. **Complaint.** The submission, pursuant to this policy and procedures, of reasonable and credible information and evidence to the Commission, which alleges an applicant or member institution's non-compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.
- G. **Good faith.** Anyone filing a complaint will have reasonable grounds for believing the information disclosed is true.
- H. **Institutional record.** The compilation of all materials and data the Commission has on file related to the applicant, candidate, or accredited institution, including but not limited to the all accreditation materials related to any accreditation activity, the record on file and transcripts for any proceeding, complaints, and any information or documents related to the institution collected by the Commission or received from external sources such as the government or other quality assurance agencies as part of ongoing monitoring activities.
- I. **Member institution.** All institutions that are accredited by MSCHE and all institutions that have been granted candidate for accreditation status by MSCHE, that are in good standing with respect to payment of dues and fees, shall be institutional members of MSCHE. Accreditation and candidacy shall be established according to the standards for accreditation, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements adopted by the Commission.
- J. **Third-Party Comment.** A written comment submitted to the Commission by any interested person or entity about an applicant or member institution when it is under review for application for candidate for accreditation status, candidate assessment, initial accreditation, self-study evaluation and visit, follow-up reports and visits, or complex substantive change.
- K. **Whistleblower complaint.** A complaint filed with the Commission about the wrongful conduct of a Commission representative.

Number: N/A

Version: 2023-07-01 EFFECTIVE

Effective Date: July 1, 2023

Previously Issued:

Initial Approval: May 23, 2023 (Approved by Executive Leadership Team)

Revisions:

Related Documents: *Complaints Involving Applicant and Member Institutions Policy; Third Party Comments for Institutions Under Review Policy and Procedures; Whistleblower Policy and Procedures;*

Federal Regulations: 34 CFR Part § 602.23(b) and (c) The Secretary's Criteria for Recognition of Accrediting Agencies