

# OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE <b>NPEC</b>	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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NAME OF REFERRING AGENCY: GEORGIA NONPUBLIC POSTSECONDARY EDUCATION COMMISSION

Case filed with OSAH on: \_\_\_\_\_ Respondent's County of Residence: \_\_\_\_\_

## CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

## COMPLAINANT:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

## COMPLAINANT'S ATTORNEY ( Private Attorney ( Commission Attorney):

COMPLAINANT'S ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

## RESPONDENT:

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

## RESPONDENT'S ATTORNEY:

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

## INTERVENOR (IF APPLICABLE):

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL: PAGER:

## INTERVENOR'S ATTORNEY (IF APPLICABLE):

ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: PAGER:

**Note to Commission:** Please attach the Complaint to this form. Also attach a sheet identifying any statutes or rules that establish any specific time frames or procedures that are to be applied in resolving the action.

**Note to Clerk:** If the Commission does not represent the complainant, please serve the decision on the Commission.