



# The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-6048  
TTY: N.E.T. Relay 1-800-439-2370  
<http://www.doe.mass.edu/ops/proprietaryschools@doe.mass.edu>

## MEMORANDUM

To: [Redacted]

From: R -- Redacted by Coordinator  
Office of Proprietary Schools

Date: 3/5/08

Re: Student Complaint #022008

Enclosed is a copy of a complaint filed with our office by [Redacted]. Pursuant to 603 CMR 3.18 (2) the school shall respond in writing to this office within thirty (30) days detailing the school's response to or resolution of this complaint. Please attach any pertinent documentation supporting your position including a copy of her enrollment agreement, a copy of her transcript, a list of the instructors for each course she attended. The Department of Education anticipates you will review the complaint and resolve all outstanding issues no later than April 7, 2008. Please copy the complainant a complete copy of your response.

Also, as a reminder, all schools are required to have an established procedure for resolving student complaints, which shall be published in the school's catalogue in accordance with 603 CMR 3.18(1). Additionally, in accordance with 3.18(3) the school shall keep a written record of this student's complaint for a period of one year following the graduation or withdrawal of the student.

If you have any questions, please contact me at R -- Redacted. Thank you.

Enc: Student Complaint

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TTY, N.E.T. Relay 1-800-439-2370  
<http://www.doe.mass.edu/ops/>  
email: [proprietaryschools@doe.mass.edu](mailto:proprietaryschools@doe.mass.edu)

*Handwritten notes and signature*

## Office of Proprietary Schools Complaint Form

Mail Completed Form To:

MASSACHUSETTS DEPARTMENT OF EDUCATION, OFFICE OF PROPRIETARY SCHOOLS  
350 MAIN STREET, MALDEN, MA 02148

Please use this form to record all information about your complaint. Complaints cannot be emailed or faxed to the Department as an original signature is required. The Department cannot process incomplete or unsigned complaints. Once received, a reviewer will be assigned to examine the complaint and will, if necessary, contact you for additional information. You will be copied on any correspondence with the school regarding this complaint and the results of the review will be communicated to you in writing. You should be aware that in order to properly evaluate your complaint and assess your records, your name must be revealed to the school during our review.

Please print or type all information.

1. Name Mr. <input type="checkbox"/> (Ms.) <input type="checkbox"/> (please circle)		
2. Street Address & Apt.		
City	State	Zip Code
3. Telephone Number - Day: (include area code)		
4. Your E-Mail Address:		
5. Social Security Number (of student) Reg. #:	6. Date of Birth (of Student):	6. Date(s) of Alleged Incident(s):
		7/05 - 3/06
8. Name of the school which your complaint concerns: <i>C.E.I. Massage Therapy Program</i>		
9. Address and telephone number of the school.		
Location where you took your courses (if different from above): <i>Brockton Campus</i>		
10. Did you attempt to utilize the school's internal complaint resolution procedures? <input type="checkbox"/> Yes, on _____ (date) <input checked="" type="checkbox"/> No If no, why not? Please attach a list of all correspondence, telephone, email, and any other contacts you have had with the school in an attempt to resolve this matter. Be sure to include dates of contact and with whom you spoke at the school.		
11. How did you hear of the school? <input type="checkbox"/> Newspaper <input checked="" type="checkbox"/> Television/Radio <input type="checkbox"/> Other: _____		
12. Check the box which describes your status with the school: <input checked="" type="checkbox"/> Student <input type="checkbox"/> Family Member of Student <input type="checkbox"/> Employee of School <input type="checkbox"/> Other: _____		

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13. If you are not the student, please enter the name of student and his/her social security number, or alien registration number, the reason you are filing this complaint on behalf of the student:

14. If a student: Are you still at this institution?  Yes  No  
 If no, please check box which applies:  Graduated  Terminated  Withdrew: \_\_\_\_\_ (date)  
 If employee of school, please check the box which applies:  
 Currently Employed--Hiring Date: \_\_\_\_\_  Former Employee--Resignation/Termination Date: \_\_\_\_\_

15. Name of Class/Program of Study: Massage Therapy 16. Date Program Began: 7-20-05  
 17. Total Cost of Program: 0 (If your complaint is of a financial nature or you are seeking a refund for any part of your studies, please attach documents that provide evidence of costs) 18. Expected Graduation Date: 3/06/06

19. Tuition Costs: If your complaint is of a financial nature or you are seeking a refund for any part of your studies, please complete this chart of how you paid for your tuition at this institution and attach all requested documentation. Please use additional sheets, if necessary.

Name(s) of Loan/Grant/Etc.	State (e.g., Sallie Mae)	Federal (e.g., Pell, Stafford, PLUS)	Private (e.g., Key Bank)
	Amount/Date	Amount/Date	Amount/Date
Loans <u>Citibank</u>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____ <u>See attached form</u>
(Provide loan number(s), disbursement date(s); attach copy(ies) of signed and dated promissory note(s) or disclosure statement(s))	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Grants _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
(Attach copy(ies) of dated grant award letter(s))	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Scholarships <u>\$500.00</u> <u>From Braintree Highschool</u>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
(Attach copy(ies) of dated scholarship award letter(s))	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Cash _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
(Provide check numbers and attach copies of checks, and/or attach copies of cash payment receipts)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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Credit _____			
(Provide copy(ies) of credit card, charge slip, or statement(s) showing charge(s) to the closed school)	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Other _____			
(Provide copies of any additional documentation from other sources of payment to the closed school)			
20. Are you in default of a loan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount owed: \$ _____ Year(s)? _____
21. What result from this complaint would satisfy you?			
<p>I would like to receive my loan money back so I can attend a real school in the Fall. I am planning on going to school for P.T. assistant. The whole school was changed because of all the complaints and the low job rate after graduation.</p>			

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22. Please provide a brief explanation of your complaint. Attach additional pages if necessary and attach copies of all relevant documents. Please keep a signed and dated copy of this complaint and its attachments for your records.

\* see signed attached letter

I hereby acknowledge that, by signing this complaint form, I am giving the Commissioner of Education or his representatives authority to review and secure any and all of my student records in order to appropriately review and resolve this complaint. I am also authorizing the Commissioner to request a refund on my behalf if the Department determines that a violation occurred that warrants a refund. The Department may provide information about my claim to the Massachusetts Office of the Attorney General, the United States Department of Education, or another state agency, if warranted, in order to secure resolution to my complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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To Whom It May Concern:

I am making this complaint for several reasons, the first of which is that I have discovered that my teachers at CEI were not certified. I completed the Massage Therapy program on March 6, 2006, and although I realized not long afterward that my "educational" experience there was weak, I did not realize the full extent of it until recently.

R -- was not certified, slept during class frequently, gave us extra breaks and long "cigarette breaks" so he could rest, and dismissed class early on a regular basis.

Teachers were always on edge, worrying that they might lose their jobs, and openly discussed their personal lives in class. One teacher, [REDACTED] was a cancer survivor, and talked about it often in class. She had us watch the movie "Philadelphia" not once but twice---supposedly to teach us compassion. I also found out afterward that she was not certified to teach anything.

When I applied, I was told that there would be field trips and lots of hands on classes. There were only a few hands-on classes, and not one single field trip during the entire program.

The first class was supposed to be Intro to Massage--- but that is the class we took last. Each "class" lasted two weeks, and the answers to the tests and quizzes were given to us a few days before, in the exact form that they appeared on the tests and quizzes.

We spent most of our class time either listening to the teacher talk about her personal problems, or watching movies. One teacher had us watch The Rock and Gladiator, and told us that it was so that we could view muscle tone. Other movies that we watched in class were the 40 Year Old Virgin, Philadelphia, The Notebook, Troy, and Radio. Some of the teachers also had inappropriate conversations with us regarding sex.

I managed to get hired as a massage therapist, and the owner said she hired me in spite of the fact that she never hired CEI graduates. Yet when I started having clients, I really had no idea what I was doing.

I studied the book for the National Certification exam, which was more complex and in depth than anything I had ever seen at CEI. I failed the exam; the material was so far over my head that it was embarrassing.

This school should not be accredited. I paid for a massage therapy education, but what I received was not a genuine education. I am asking to be reimbursed for all that money, because the time I spent at CEI was a joke.

Sincerely, [REDACTED]

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