

# Appendix A.1



## Complaint Form

*Complaint must be filed ASAP or prior to the end of the semester following the school term in which the alleged incident occurred.*

Name: \_\_\_\_\_  
*Last Name* *First Name*

Address: \_\_\_\_\_  
*Street or P. O. Box* *City* *State* *Zip Code*

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

I am a: Student Employee Community Member \_\_\_\_\_

Complaint Against:

When possible, please attempt to resolve complaints informally with the appropriate Department Chair.

Has this complaint been discussed with the Department Chair? If yes, with whom and when?

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

Describe the incident and provide the following information:

1. Date(s) the incident occurred: \_\_\_\_\_
2. Name of individual(s) involved: \_\_\_\_\_
3. Department/Division: \_\_\_\_\_
4. What occurred (clearly state your complaint):

5. Witnesses: \_\_\_\_\_

Please be sure to attach any relevant document(s).

What remedy are you seeking?

I certify that this information is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

*Send Original to: Division Dean Copy to: Applicable Vice President*

*5/03/16*

*Applies to CCFT Contract 5.2*