

Appendix A.1

Cabrillo College 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