



Student Life Office
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STUDENT GRIEVANCE INCIDENT REPORT FORM NON-CIVIL RIGHTS GRIEVANCES

Directions: If you believe that you have been subjected to alleged inequity as it applies to Board Policies, System President’s Procedures, or College Procedures, you are required to fill out this incident report form. The College can only base its findings and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Name (Complainant): _____ Date of Incident: _____

S# _____

Name(s) of who you believe committed the alleged act(s) (Respondent): _____

Is person an employee, student, authorized volunteer, guest/visitor, or college?

Circle One: (Employee) (Student) (Authorized Volunteer) (Guest/Visitor) (College)

If this is related to a class, provide the course name (ex. ENG121) _____

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence.

Identify all individuals with knowledge of the conduct about which you are complaining.

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? Check one: Yes ___ No ___

Please describe your requested remedy for this grievance.

Disclosure: To investigate your grievance, it will be necessary to interview you, the alleged respondent, and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared.

Authorization to disclose identity of complainant: Yes No

**Please note limiting the college's ability to disclose will affect the college's ability to respond to the grievance.*

Please provide your contact information: Email: _____

Phone Number: _____ Alternate Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Acknowledgement

I, _____, am willing to cooperate fully in the investigation of my grievance and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

Signature

Date

Witness

Date

Family Educational Rights and Privacy Act (FERPA) Authorization

I, _____, understand that my complaint constitutes an "educational record" as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA). As such I authorize the College to disclose my name and/or the specific allegation(s) made by me to the respondent of said allegation(s) and to others identified as material witnesses during the course of this investigation. Other than the aforementioned, I understand that I retain all other rights afforded to me under FERPA.

Signature

Date

Witness

Date

For Internal Use Only

Intake Date: _____ Class: _____ Instructor: _____

Referred to: _____ Title: _____ Date: _____

Informal Process Date: _____ Formal Process Date: _____

Disposition: _____ Date Case Closed: _____