



Clatsop Community College

Formal Complaint Form

Submit to the Dean of Students Office when complete.

Student ID# _____ Today's date _____
 Social Security# _____ (Last 4 digits only) Address _____
 Name _____ City _____ State ____ Zip _____
 Phone _____ Email _____

Indicate if you are a: Student Staff member Job applicant Visitor

Complaint is related to the following: (check all that apply)

- Academic problem (grades) (6.220/6.220P).
- Alleged violation of College policy/procedure (6.220/6.220P).
- Charges of faculty or staff misconduct (4.505/4.505P).
- Request for refund denied (6.220/6.220P –Refund Petition Section).
- Discrimination or Sexual Harassment (1.001/1.001P).
- Complaint regarding a student's conduct (6.215/6.215P).
- Complaint regarding a visitor to campus (non-student) or complaint by a visitor to campus (7.025/7.025P).

Directions: Complete the complaint details on the reverse side of this form and sign. Return this form and any attachments to the Dean of Student's Office or mail to:

Dean of Student's Office, Clatsop Community College
1651 Lexington Ave.
Astoria, OR 97103

Any complainant requiring reasonable accommodations to complete this form should contact the Human Resources Office.

Non-Discrimination: It is the policy of Clatsop Community College that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, religion, national origin, age, sexual orientation, gender identity or expression or disability in any educational programs, activities, or employment. Questions or complaints should be directed to Leslie Hall, Affirmative Action/Gender Equity (Title IX) Officer in Towler Hall, Suite 110, 503-338-2450; TDD 503-338-2468. The Title II/Section 504 Coordinator, Lisa Deneen, is located in Towler Hall, Suite 312B, 503-338-2474.

Declaración de no-discriminación: Es la política de Clatsop Community College que no habrá ningún tipo de discriminación o acoso por razón de raza, color, género, estado civil, religión, origen nacional, edad, orientación sexual, identidad de género o expresión de discapacidad en los programas educativos, actividades o en la contratación. Preguntas o quejas deben ser dirigidas al Leslie Hall, Oficial de Acción Afirmativa / Título IX localizado en Towler Hall, número 110, número de teléfono 503-338-2450, TDD (discapacidad auditiva) 503-338-2468. El Coordinador de la Titulo II/Sección 504, Lisa Deneen, se encuentra en Towler Hall, número 312B número de teléfono 503-338-2474. Para ADA y otras peticiones de servicios llame al 503-338-2474 o para TDD (discapacidad auditiva) 503-338-2468.

Office Use Only

<p>Complaint forwarded to:</p> <p><input type="checkbox"/> VP for Academic Affairs <input type="checkbox"/> Registrar</p> <p><input type="checkbox"/> Dean of Students <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Student Issues Committee</p>	<p style="text-align: center;">— Other —</p> <p>DOSC _____</p> <p>DOSN _____</p>
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Dean of Students: _____ Date _____

Complaint Details

1. How have you attempted to resolve this situation? (Please see Student Complaint Resolution Procedure in current Student Handbook. In most circumstances, you are required to attempt informal resolution before a formal complaint will be considered.)

2. Explain in detail the events that led to your complaint. What happened? Where did it happen? Who was involved? When did it happen? List specific dates. Use additional sheets of paper if needed. Attach supporting letters or documents (i.e. transcripts, letters from instructors, advisors, doctors, or other relevant evidence).

3. Did anyone else witness this incident? If so, please include their names, addresses, and phone numbers (if known).

4. What action are you requesting?

5. I wish to have the opportunity to discuss my complaint in person with the appropriate College official or committee.
 Yes No

Required Signature and Date

Complainant's Signature _____

Date _____