FORMAL COMPLAINT FORM
Clatsop Community College - 1671 Lexington Avenue
Astoria, Oregon 97103, (503) 338-2371

Today’s date: ___________________________________________  Your name: ___________________________________________
Student ID# ___________________________________________

Please indicate if you are:   Student   Staff member   Job Applicant   Visitor

Mailing Address: ___________________________________________

Phone: (h) ___________________ (w) ___________________ E-mail address: ___________________

Complaint is related to the following: (check items that apply)
 Charges of faculty or staff misconduct (4.505/4.505P).
 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).

1. How have you attempted to resolve this situation? (please see our website page: www.clatsopcc.edu/student-resources/student-complaint-resolution-procedures) 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. You must 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

Complainant’s Signature ___________________________________________ Date: ___________________

Please return this form (and attachments) to the Student Services Center or mail to: Lois Tivey, Clatsop Community College, Student Services Center, 1651 Lexington Avenue, Astoria, OR 97103 - 503-338-2371

Any complainant requiring reasonable accommodations to complete this form should contact Christine Riehl, Title II/Section 504 Coordinator located in the Student Services Center, 1651 Lexington Ave, Astoria Oregon 97103 (503 338-2474).

(OFFICE USE ONLY)
Forwarded to:   VP, Academic & Student Affairs   Human Resources   Other ___________________

VP, Academic and Student Affairs ____________________________ Date ____________________