APPENDIX 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.

Date of Incide	nt:		_		
Name (Complainant):				S#	
College:					
Name(s) of wh	no you believe	committed th	e alleged ac	t(s) (Respond	lent):
Is person an e					· ·
	Employee College	_ Student	_ Authorized	d Volunteer	Guest/Visitor
Please describ attach any sup				d where it occ	urred. Also, please

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? <i>Check one:</i> 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					
Phone Number Alternate Phone Number					
Email					
<u>Acknowledgement</u>					
I,					

Signature	Date
Witness	Date