

SOUTHWESTERN OREGON COMMUNITY COLLEGE COMPLAINT FORM

Name:

Date:

Email:

Telephone:

CHECK ONE: Student

Employee

Other:

What is the College rule, policy or procedure allegedly violated (if any)?

Description of Complaint (Include names, dates, location of incident, witnesses, etc.; attach any evidence):

What steps have you taken to resolve the issue?

What would you like the College to do to resolve the complaint?

I affirm that all of the information on this form is accurate and true to the best of my knowledge.

Signature: