

GRIEVANCE PROCEDURE FORM

STEP A (Cannot be submitted until after an informal attempt at resolution has been unsuccessful)

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
Vice President of Administrative Services

FROM: \_\_\_\_\_ RE: \_\_\_\_\_

This is notice that I am hereby initiating the Grievance Procedure.

STEP A:

I am initiating the grievance process against the following person(s), having been unable to informally resolve the problem:

Date the problem occurred:

Date of attempt to informally resolve problem:

Person(s) involved:

I feel that my rights as a person at Southwestern Oregon Community College have been denied, abused and/or diminished in the following way: (Please state as clearly and concisely as you can the problem as you see it.)

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Date

If you need help in filling out this form you may consult with a school counselor, faculty member, administrative officer of the College, or other staff.

SOUTHWESTERN OREGON COMMUNITY COLLEGE  
GRIEVANCE PROCEDURE FORM

STEP B (Cannot be submitted until after Step A is complete)

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
Immediate Supervisor of College Employee Responding to Step A

FROM: \_\_\_\_\_ RE: \_\_\_\_\_

Attached is a copy of the Grievance Procedure Form, Step A, along with the written reply of the College employee.

Having no resolution acceptable to me evolve from Step A, I am taking Step B of the Grievance Procedure, in which I am asking that you review the stated problem with me and the other involved persons in hopes of resolving it.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Signature of College employee

\_\_\_\_\_  
Date

If you need help in filling out this form you may consult with a school counselor, faculty member, administrative officer of the College, or other staff.

SOUTHWESTERN OREGON COMMUNITY COLLEGE  
GRIEVANCE PROCEDURE FORM

STEP C (Cannot be submitted until after Step A and Step B are completed)

TO: \_\_\_\_\_  
Appropriate College Dean

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: \_\_\_\_\_

Attached are copies of the Grievance Procedure Form, Step A and Step B (when required), along with the written replies of the supervisor(s) of the College employee(s) who responded to Step A and Step B.

Having no resolution acceptable to me evolve from Step A or Step B, I am initiating Step C of the Grievance Procedure, in which I am asking that you review the stated problem with me and the responding College employees' supervisor(s) in hopes of resolving it.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Signature of College employee

\_\_\_\_\_  
Date

If you need help in filling out this form you may consult with a school counselor, faculty member, administrative officer of the College, or other staff.

SOUTHWESTERN OREGON COMMUNITY COLLEGE  
GRIEVANCE PROCEDURE FORM

STEP D (Cannot be submitted until after Step A, Step B and Step C are completed)

TO: \_\_\_\_\_  
President

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

RE: \_\_\_\_\_

Attached are copies of the Grievance Procedure Forms for Step A, Step B (when required), and Step C, along with the written replies of the responding College employee(s), the supervisor(s) of the College employee(s), and the Dean.

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Signature of College employee

\_\_\_\_\_  
Date

If you need help in filling out this form you may consult with a school counselor, faculty member, administrative officer of the College, or other staff.

SOUTHWESTERN OREGON COMMUNITY COLLEGE  
EEO/AFFIRMATIVE ACTION/ADA/HARASSMENT/DISCRIMINATION  
INCIDENT DOCUMENTATION FORM  
*To be filled out by administrator only*

Administrator name:                      Report Date:

Department where incident occurred:

Incident Location:                      Incident Date:

If this was an incident of harassment, indicate the nature of the harassment:

- |                                    |                                  |                                   |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Written | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Verbal    | <input type="checkbox"/> Graphic | <input type="checkbox"/> Sexual   |

If this was an incident of discrimination, indicate the nature of the discrimination:

- One student was treated differently from another in determining whether he or she satisfied any requirement or condition for the provision of a program, service, benefit or aid.
- Programs, services, benefits or other aid were provided in a manner that differentiates among students.
- Programs, services, benefits or other aid were denied to a student.
- A student was subjected to separate or different rules of behavior, sanctions or other treatment.
- Enjoyment of any right, privilege, advantage or opportunity was otherwise limited.

What was the basis of the harassment or discrimination:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Disability      | <input type="checkbox"/> Ethnicity          | <input type="checkbox"/> Socioeconomic Status       |
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Cultural Background        |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Age                | <input type="checkbox"/> Familial Status            |
| <input type="checkbox"/> Gender          | <input type="checkbox"/> Religion           | <input type="checkbox"/> Physical Characteristics   |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Linguistic Characteristics |

Reported Offender (check one):

- Student                       Other Staff  
 Instructor     Other  
 Administrator

Reported Victim (check one):

- Student                       Other Staff  
 Instructor                       Other  
 Administrator

Describe the incident:

Who responded to the incident and what were the findings:

What action was taken, when and by whom:     counseling                       discipline                        
other

*Description of action taken:*

Return to the Vice President of Administrative Services, Tioga Hall, Room 512, 1988 Newmark, Coos Bay, Oregon 97420-2912.

Phone: (541) 888-7402 or TDD (541) 888-7368.

kr: 07/30/03

SOUTHWESTERN OREGON COMMUNITY COLLEGE  
EEO/AFFIRMATIVE ACTION/ADA/HARASSMENT/DISCRIMINATION  
INFORMAL COMPLAINT REPORT FORM

Report Dates:

Location or department where incident occurred:

Incident Date:

Name of person reporting:

Phone:

Confidential: Check here only if you want your name kept confidential. This means your name would be on file, but it would not be shared with the reported offender without your permission. It may be necessary to have permission to use your name if the College is going to take action on this complaint.

Anonymous: Check here only if you are submitting this complaint anonymously (without using your name at all). If you are submitting it anonymously, the information will be used for tracking purposes only. Do not record your name or the name(s) of the person(s) you are complaining against.

Reported by:  Student  Instructor  Administrator  Other Staff  Other

Reported Offender (check one):

Student  Other Staff  
 Instructor  Other  
 Administrator

Reported Victim (check one):

Student  Other Staff  
 Instructor  Other  
 Administrator

If this is a complaint of harassment or discrimination, please describe the incident.

What action would you like the school or department to take?:

This informal complaint Report Form may be submitted to the Vice President of Administrative Services,  
Tioga Hall, Room 512,  
1988 Newmark, Coos Bay, Oregon 97420-2912. Phone: (541) 888-7402 or TDD (541) 888-7368.

kr: 07/30/03