

COMPLAINT & INCIDENT REPORT FORM

Contact information:

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|--|---------------------------------------|
| Name of person filing report: (You may file anonymously, but Ex'pression may not be able to follow up on your complaint should you do so) | Date submitted: |
| | |
| Status of person filing report: | Phone number of person filing: |
| <input type="checkbox"/> student <input type="checkbox"/> faculty <input type="checkbox"/> staff <input type="checkbox"/> other: | |
| Address of person filing report: | Email of person filing report: |
| | |

Type of report (check/complete all that apply):

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|--|
| <input type="checkbox"/> COMPLAINT |
| The complaint is against: |
| <input type="checkbox"/> the college <input type="checkbox"/> student <input type="checkbox"/> employee <input type="checkbox"/> visitor <input type="checkbox"/> other (describe): |
| The complaint is against those named below: |
| |
| |
| |
| |
| |
| Names of witnesses: |
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| |
|---|
| <input type="checkbox"/> INCIDENT Date of incident: ____ |
| Incident took place: |
| <input type="checkbox"/> on campus <input type="checkbox"/> off campus (describe): |
| Names of persons involved in incident: |
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| |
| |
| |
| Names of witnesses: |
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| |

Description:

Please describe your complaint and/or the incident in question. Explain in your own words what happened. Please include as much detail as possible. Use additional pages if necessary.

Outcome:

Please describe the outcome you are seeking. (Keep in mind we cannot guarantee the outcome you are seeking - we must consider many factors when determining the appropriate outcome).

I consent to the release & use of this report and any information relating to an investigation of this alleged incident to any necessary school administrator.

Signature of person making report

Date

For internal use only:

Date Report Received:

Report assigned to:

Description of Resolution:

Notification of resolution: Date:

Type of notification: email postal mail phone in-person