



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)

- Academic problem (grades) (6.220/6.220P).
- Alleged violation of College policy/procedure (6.220/6.220P).
- Charges of faculty or staff misconduct (4.505/4.505P).
- Request for refund denied (6.220/6.220P –Refund Petition Section).
- 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 _____