CONFIDENTIAL STUDENT COMPLAINT FORM

STUDENT SERVICES

Student Name: ___________________________ Student I.D. # _______________________

Incident Date:  ____________________________  Location: ___________________________

Employee Name: __________________________

Name of Person taking Complaint: _________________________________________________

Phone #: ____________________________  Home Phone #: _____________________

Type of Complaint:   _____Discrimination      _____ Harassment     ______Retaliation     _____Other

DESCRIBE the incidents which occurred that lead you to believe you have been subjected to
discrimination, harassment and/or retaliation?  (Please be specific and include dates, if possible.)

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______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

WHERE did the incident(s) occur?  (Please be specific and include dates, if possible.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

WHO do you feel is responsible for the alleged discrimination, harassment or retaliatory
act/behavior?  (Please provide the names and phone numbers of all individuals involved.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
WHY do you feel the alleged behavior/incident(s) is discriminatory, harassment or retaliation? 

Explain.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list all witnesses who may have heard or seen the incident(s). (Please identify witness as a fellow student or College staff member and provide a phone number where possible.)

<table>
<thead>
<tr>
<th>Witness Name</th>
<th>Student</th>
<th>BCC Staff</th>
<th>Phone #</th>
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Please provide the names of fellow students or College employees who were not witnesses, but might be able to support your allegations of discrimination, harassment or retaliation.

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Have you discussed this situation with any other individuals, fellow students or College employees? (If yes, please provide the names of those individuals you’ve spoken with, date(s) the discussion(s) took place and what was done.)

______________________________________________________________________________
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CONFIDENTIAL STUDENT COMPLAINT FORM

STUDENT SERVICES

What type of resolution are you seeking?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you have any additional information that you feel should be considered regarding your allegation of discrimination, harassment or retaliation, please indicate below.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please attach any documentation or evidence that supports your allegation of discrimination, harassment or retaliation.

CLAIMANT’S CERTIFICATION

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: ____________________________ Date: ____________________________

(TO BE COMPLETED BY THE DEAN OF STUDENTS OR DESIGNEE)

Date complaint received by Dean/Designee: ____________________________

Date investigation completed: ____________________________

Date of response to complainant by Dean: ____________________________

Date of resolution meeting: ____________________________

(FOR INTERNAL USE ONLY)