



General Complaint Form

Complete this form for all complaints excluding grading disputes, sexual harassment, discrimination

Check this box if you want to remain anonymous

Please check the applicable boxes. I am filing this complaint as a:

Student Witness

This completed form can be submitted via email to studentcomplaints@clintoncollege.edu or printed and submitted to the office of the Vice President of Student Success in the Fisher Bldg.

PLEASE PRINT CLEARLY

First name _____ **Last name** _____

Date of incident _____ **Date of report** _____

Location of incident _____

Contact information

On Campus: Dorm _____ Room _____

Address _____

City: _____

State: _____

Zip: _____

Phone Number: () _____ - _____

email (Clinton College) _____

Have you attempted to resolve this matter? Yes No

If yes, please list the name(s), department(s), or titles(s) of all other persons with whom you have discussed this matter and state the date(s) of the communication(s).

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all witnesses you believe have knowledge of the events and the relationship to you (co-worker, supervisor, student, faculty, instructor, etc.) and their contact information, if known.

1. _____
2. _____
3. _____
4. _____
5. _____

What is your desired resolution?

Details of Complaint: Your concern and safety are valued and important. Describe your complaint including date(s) of occurrence(s), name of the person(s) you believe committed the offense against you, and how you have contacted them (teacher, student, faculty, staff, supervisor, etc.). Attach additional pages if necessary

I certify the above statement is true and accurate.

Complainant Signature Date

Authorized Personnel Only

Complaint taken by:

Print Name Signature Date