



Student Complaint Form: Discrimination

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) _____

Type of Complaint: Check all that apply

- Race/Color Discrimination Religious Discrimination Sex Discrimination National Origin/ Ethnicity Discrimination Age Discrimination Marital Status Discrimination Sexual Orientation Discrimination Disability Discrimination Gender Discrimination Veteran Status Discrimination Bullying Cyber Bullying

Have you attempted to resolve this matter Yes No ?

Describe the resolution you are seeking.

I certify the above statement is true and accurate.

Complainant Signature

Date

Authorized Personnel Only

Complaint taken by:

Print Name

Signature

Date