Filing a Student Complaint

To understand the process of filing a complaint we recommend that you read the information below.

Policy Statement
Any student with a complaint who feels they have been treated unfairly will have the right to be heard fairly and promptly. The college recognizes that disputes may sometimes arise and requires the parties involved to resolve the conflict informally whenever possible. If resolution cannot be reached, a formal complaint process will be provided in order to assure impartial and equitable resolution for those conflicts.

The Complaint Process
The complaint process is divided into an informal and formal process. This process is initiated by the student who will receive support and information during each of the four steps that may be involved. A complaint may be resolved at various stages of the process. Complaints should be filed as soon as possible and no more than 90 days after the incident occurs. Students will receive an automatic notification via their Clinton College email account that their complaint has been received.

Filing an Informal Complaint

Step One: The first step a student should take in resolving a concern or complaint is to directly address the faculty member, staff member, or student in question. As a professional courtesy, students are advised to:

- Email the staff, faculty, or administrator whom they have a complaint to schedule an appointment rather than having a casual hallway conversation or calling the person when they may not be able to stop and talk
- Be clear about what their concern is and how they would like the issue resolved

There may be some cases in which a student might feel uncomfortable directly addressing the person about whom they have a complaint. If this is the case, the student should do the following:

- Contact the Vice President of Academic Services/Academic Dean in the case of a faculty member
- Contact the Residential Life Director or Vice President for Student Success/Dean of Students in the case of a staff member.
• Contact the Residential Life Director or the Vice President for Student Success/Dean of Students in the case of a student.

If a complaint or concern has not been resolved to the student’s satisfaction, they may move into the formal complaint process listed below. If they have questions or would like assistance with this process, they should contact studentcomplaints@clintoncollege.edu.

Filing a Formal Complaint

Step Two: Students may utilize the formal complaint process after exhausting the informal complaint process directly with the person with whom they have a complaint or concern. To submit a formal complaint, they must use the appropriate Clinton College Student Complaint Form found on the Current Students tab of the Clinton College website. This form can be submitted by email to studentcomplaints@clintoncollege.edu or, it can be printed and completed in writing and submitted to the Office of the Vice President of Student Success / Dean of Students in the Fisher Bldg.

After submitting a Student Formal Complaint Form, students will receive automatic notification via their Clinton College email account that it has been received. Based on the Vice President of Student Success findings, a decision will be made in writing to the student and the person alleged to have caused the grievance within (10) ten business days of receipt of the findings report. Students will be provided information regarding the next steps in the process and may be asked for additional information if necessary.

This step of the process, investigating complaints, will involve the faculty or staff member’s Vice President or Staff Supervisor.

If a complaint or concern has not been resolved to the student’s satisfaction, they may appeal the decision made by the Vice President or Staff Supervisor by continuing the complaint process into step three listed below. Questions can be directed at studentcomplaints@clintoncollege.edu.

Step Three: To appeal a decision made by the Vice President or Staff Supervisor with whom the student worked to resolve a complaint or concern, they must submit an email to: studentcomplaints@clintoncollege.edu stating their desire to appeal the current decision and provide the following information:

• Brief outline of steps already taken toward resolving the issue
• Decision given by the Vice President or Staff Supervisor
• Reason for appealing this decision
• Possible solution(s) they suggest regarding the issue
• Contact information (phone, email, etc.)
After the student’s email requesting an appeal has been submitted, they will receive an automatic notification via their Clinton College email account that the complaint has been received. Based on the Vice President of Student Success findings, a decision will be made in writing to the student and the person alleged to have caused the grievance within (10) ten business days of receipt of the findings report. In this step of the process, the complaint now involves the faculty or staff member’s Vice President/Dean. Decisions made by the Vice President/Dean can be appealed in Step 4 of the process.

**Step Four:** To appeal a decision made by the Vice President/Dean with whom the student worked to resolve a complaint or concern, they must submit an email to: studentcomplaints@clintoncollege.edu stating their desire to appeal the current decision and providing the following information:

- Brief outline of steps already taken toward resolving the issue
- Decision given by the Vice President/Dean
- Reason for appealing this decision
- Possible solution(s) they suggest regarding the issue
- Contact information (phone, email, etc.)

After the student’s email requesting an appeal has been submitted, they will receive an automatic notification via their Clinton College email account that the complaint has been received. Based on the College President’s findings, a decision will be made in writing to the student and the person alleged to have caused the grievance within (10) ten business days of receipt of the findings report.

In this step of the process, the complaint now involves the faculty or staff member’s Vice President/Dean, and the College President. **Decisions made by the President are final and cannot be appealed.**

If students have any questions or would like assistance with any portion of this process, they may contact studentcomplaints@clintoncollege.edu.

**Confidentiality**

In both informal and formal resolution processes, the student may request and will be assured of confidentiality in the investigation, resolution, and record-keeping about the complaint.

**Record-Keeping**

The responsible office for managing this policy, the Office of Student Success will securely maintain all confidential information and records of complaints, appeals, and proceedings. This office will also maintain and provide upon request the
instructions for filing a complaint with TRACS and any other relevant government agencies.

Complaints to outside agencies

Clinton College makes every effort to resolve student complaints internally. The College expects all students to make efforts to resolve their concerns by adhering to steps outlined in this policy. If the student has exhausted all options to resolve a complaint within the College, the student may file a complaint with the State Accrediting Agency:

South Carolina Commission on Higher Education
1122 Lady Street #300
Columbia, SC 29201

Instructions for filing a grievance with the state accrediting agency can be found online here:

Complaint_Procedures_and_Form.pdf (sc.gov)

Discrimination complaints may also be filed with the following federal and state agencies:

- Home | Human Affairs Commission South Carolina
- US Department of Education Office for Civil Rights
- Equal Employment Opportunity Commission

The student may also file a written complaint with the College’s accrediting agency, the Transnational Association of Christian Colleges and Schools. Complaints to (TRACS) must be in writing and signed by the complainant. They should be sent to:

President
Transnational Association of Christian Colleges and Schools
15935 Forest Road
Forest, VA 24551

VIII. Signatures, Title and Date of Approval

The policy needs to be signed by the appropriate officers and executives below before it is considered approved:
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

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. __________________________________________________________________________

Details of Complaint: Your safety and concerns 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.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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
Sexual Harassment Complaint Form

☐ 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. ________________________________________________________________

**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.
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
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).
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