

**ANGELINA COLLEGE
STUDENT COMPLAINT AND APPEAL FORM**

All formal complaints/grievances and appeals must be submitted using this form, and all fields must be completed. If a field is not relevant, write "N/A" in the space provided. **Please note** that complaints alleging discrimination, including violations of Title IX (sex and gender), Title VII (race, color, religion, national origin), ADEA (age), or ADA/Section 504 (disability), must be submitted to the Dean of Student Affairs, Student Center room 101, and in accordance with Angelina College policy.

Field 1 **Student Name:** _____

Field 2 **Date:** _____

Field 3 **Select One Option Below:**

<input type="radio"/> LEVEL ONE: Complaint filed with Staff or Faculty Member	<input type="radio"/> DISCRIMINATION
<input type="radio"/> LEVEL TWO: Appeal to Associate Dean or Director	
<input type="radio"/> LEVEL THREE: Appeal to Vice President or Dean	
<input type="radio"/> LEVEL FOUR: Appeal to College President	
Title IX, Title VII, ADEA & Section 504, and all other Discrimination: submit to Dean of Student Affairs.	

You may attach any relevant documents to this form. You may also attach additional pages if the spaces provided below are insufficient. If you choose to attach additional pages, please write "see attached" in the space(s) below.

<p>Field 4 Complaint Be specific (e.g., include full names, date the alleged incident occurred, places, relevant rules & regulations, etc.). The complaint must be in relation to an incident that has already occurred. Do not reference multiple matters or matters already addressed in a grievance you previously submitted.</p>

<p>Field 5 Adverse Effect Explain how the alleged action or issue adversely affected or interfered with your right to an education.</p>

--

Field 6 Requested Relief

State the specific corrective action or relief you are requesting. The corrective action or requested relief must be within the authority of AC to grant.

[Empty box for requested relief]

Field 7 Names of Witnesses who have firsthand knowledge of the complaint if you want to present a witness(es) or testimony from such a witness or witnesses:

Field 8 Name of Representative: _____

You may identify a representative when the complaint is initially submitted or when submitting an appeal to a Level One, Level Two, or Level Three response. If you fail to identify a representative when this form is submitted, a representative shall not be allowed to attend the corresponding conference or hearing.

Field 9 Signature

Signature Date

Printed Name

ADMINISTRATION USE ONLY

Name of employee who received this form: _____

Date complaint form received: _____ Did student discuss complaint with you informally (y/n) _____

Date of complaint conference or hearing: _____ Date written response sent to student: _____

Employee must send (a) the original complaint form and any attachments, (b) all other documents submitted by the student, (c) the written response issued by the employee and any attachments, (d) all other documents relied upon by the employee in reaching the initial decision, and (e) any recordings of conferences to the Dean of Student Affairs.

Administrative Notes:

[Empty box for administrative use only]