

ANGELINA COLLEGE  
PUBLIC COMPLAINT AND APPEAL FORM

All formal complaints 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.

Field 1 **Complainant Name:** \_\_\_\_\_ Field 2 **Date:** \_\_\_\_\_

Field 3 **Mailing Address:** \_\_\_\_\_

Field 4 **Email Address:** \_\_\_\_\_ Field 5 **Phone Number:** \_\_\_\_\_

Field 6 **Select One Option by Filling in the Corresponding Circle:**

Levels	Filing Instructions
<input type="radio"/> Level One	File with appropriate College administrator who has the authority to address the concern
<input type="radio"/> Level Two	File with College President or designee
<input type="radio"/> Level Three	File with the Office of the President for appeal to the Board of Trustees

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><b>Field 7 Complaint</b> Be specific (e.g., full names - including the name(s) of responsible person(s), date the alleged incident occurred, location(s), relevant rule(s) &amp; regulation(s), etc.). The complaint must be in relation to an incident that has already occurred. <b>Do not reference multiple matters or matters already addressed in a complaint you previously submitted.</b></p>
<p><b>Field 8 Adverse Effect:</b> Explain how the alleged action or issue adversely affected you.</p>
<p><b>Field 9 Requested Relief:</b> 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.</p>

Field 10 **Names of Witnesses** who have firsthand knowledge of the events being grieved:

\_\_\_\_\_  
\_\_\_\_\_

Field 11 **Name of Representative:** \_\_\_\_\_

“Representative” means any person who or organization that is designated by an individual to represent the individual in the complaint process. The individual may designate a representative through written notice to the College at any level of this process. If the individual designates a representative with fewer than three days’ notice to the College before a scheduled conference or hearing, the College may reschedule the conference or hearing to a later date, if desired, in order to include the College’s counsel.

**SIGNATURE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

**ADMINISTRATION USE ONLY**

Name of administrator who received this form: \_\_\_\_\_

Date complaint form received: \_\_\_\_\_.

Date of complaint conference or hearing: \_\_\_\_\_ Date written response sent to complainant: \_\_\_\_\_

**Administrator must retain** (a) the original complaint form and any attachments, (b) all other documents submitted by the employee (Level One only), (c) the written response issued by the supervisor/administrator and any attachments, (d) all other documents relied upon by the supervisor/administrator in reaching the initial decision, and (e) any recordings of conferences.