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 (gender), Title VII (sex, race, color, religion, national origin), ADEA (age), or Section 504 (disability), must be submitted to the Dean of Student Affairs, Administration Building room 104, and in accordance with Angelina College policy.

Field 1 Student Name: ___________________________  Field 2 Date: ________________

Field 3 Select One Option Below:

<table>
<thead>
<tr>
<th>o LEVEL ONE: Complaint filed with Staff or Faculty Member</th>
<th>o DISCRIMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>o LEVEL TWO: Appeal to Associate Dean or Director</td>
<td>o Title IX, Title VII, ADEA &amp; Section 504, and all other Discrimination: submit to Dean of Student Affairs.</td>
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<tr>
<td>o LEVEL THREE: Appeal to Vice President or Dean</td>
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<tr>
<td>o LEVEL FOUR: Appeal to College President</td>
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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.

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.

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

Field 6 Requested Relief
State the specific corrective action or relief you are requesting. The corrective action or requested relief shall be within the authority of AC to grant and shall not include a request for another student/employee to be disciplined.
Field 7 **Names of Witnesses** who have firsthand knowledge of the events being grieved if you want to present a witness(es) or testimony from such a witness or witnesses:

_________________________________  ____________________________
_________________________________  ____________________________
_________________________________  ____________________________

Field 8 **Name of Representative:**

You may elect to identify a representative when the complaint/grievance 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.

**ADMINISTRATION USE ONLY**

Name of supervisor or administrator 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 employee: ________________

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

Administrative Notes: