

**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:**

<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"/> Title IX, Title VII, ADEA & Section 504, and all other Discrimination: submit to Dean of Student Affairs.	
<input type="radio"/>	LEVEL THREE: Appeal to Vice President or Dean		
<input type="radio"/>	LEVEL FOUR: Appeal to College President		

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.

[Empty rectangular box]

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: