



The purpose of the **Written Complaint/Incident Reporting Form** is to serve the needs of students who have met with the faculty, staff and/or administrative office regarding their concern and feel it is unresolved or it involves harassment or discrimination.

The form must be submitted within 10 days of the incident in question. The burden of proof rests with the student. The information must be specific and examples provided.

GENERAL INFORMATION

Date _____ Your name _____
(Please Print)

Your email _____ Phone number _____

Your Signature _____

Date and Time of Incident _____

Location of Incident (geographic location) _____

Specific Location _____

INDIVIDUALS INVOLVED

Please list all individuals involved (excluding yourself)

NAME	CONTACT INFO	ROLE IN THE INCIDENT

DESCRIPTION

Please provide a detailed description of the incident/concern using specific, concise, objective language (Who, what where, when, why, and how). (Required) Attach additional pages if necessary.

QUESTIONS

Was this incident previously reported to anyone? _____

If yes, who and when _____

SUPPORTING DOCUMENTATION

Supporting documentation (if available) must be submitted with this form.

SUBMISSION INSTRUCTIONS

Submit this form and supporting documentation to the Student Success Committee Chairperson at kaylyn.stewart@millardcollege.org

Please note: This form is **NOT** for an academic appeal (grades, assignments, etc.). Please refer to the College Catalog for instructions pertaining to an academic appeal.

Students should keep a copy of this form and all documentation and attachments for their records.

Written Complaint/Incident Form received by:

Name Title Date