**Complaint Incident Report Form (Non-civil rights)**

Directions: If you believe that you have been subjected to alleged inequity as it applies to Board Policies, System President’s Procedures, or College Procedures, you are required to fill out this incident report form. The College can only base its decision and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of complaint (MM/DD/YY): / /

Complainant First Name: Last Name: S #:

College: Pueblo Community College

**Respondent Name:**

Please provide the name(s) of who you believe committed the alleged act(s) in the box below by either writing or typing into the box below.

**Check one:** Is person an employee [ ] , authorized volunteer [ ] , guest/visitor [ ] , or college [ ] ?

Please describe the alleged incident(s) and when and where it occurred by either writing or typing into the box below. Attach any supporting documentation and evidence. Use additional sheet if necessary.

Identify all individuals with knowledge of the conduct about which you are complaining by either writing or typing into the box below.

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? Check one: Yes [ ]  No [ ]

Please describe your requested remedy for this grievance by either writing or typing into the box below. Use additional sheets if necessary.

**Disclosure:**

To investigate your grievance, it will be necessary to interview you, the alleged Respondent, and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared. (Note: Limiting the college’s ability to disclose will affect the college’s ability to respond to the grievance.)

Authorization to disclose identity of Complainant: Yes [ ]  No [ ]

Please provide your contact information.

Phone #: Phone # (Alternate):

Email Address:

**Acknowledgment:**

I, am willing to cooperate fully in the investigation of my grievance and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

You must print and sign and date this form in front of a witness, who will also sign and date. This form must be submitted as part of your complaint form.

Signature: Date:

Witness signature: Date: