

EQUAL EDUCATIONAL OPPORTUNITIES

COMPLAINT FORM

(To be filed with the Compliance Officer as provided in Policy ACA)

Name:		Date:	
Address:			
Telephone:		Alternate Number:	
E-mail Address:			
Person against whom you wish to lodge the complaint:			
Name and Department:			
Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.			

Date(s) of the incident(s):	
What do you feel would be a possible solution? Indicate what you think can and should be done to solve the problem. Be as specific as possible.	
If there is anyone who could provide additional information regarding this complaint, please list name(s) and contact information.	
I certify that this information is correct to the best of my knowledge.	
_____ Signature of Complainant	
The Compliance Officer, as designated in Policy ACA, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.	