

Student Complaint Form: Discrimination

Please check the applicable boxes. I am filing this complaint as a:

' 6 W X G H Q W ' : L W Q H V V

This completed form can be submitted via email to studentcomplaints@clintoncollege.edu printed and submitted to the office of the Vice President of Student Success in the Fisher Bldg.

PLEASE PRINT CLEARLY

First name _____ Last name _____

Date of incident _____ Date of report _____

Location of incident _____

Contact information

On Campus Dorm _____ Room _____

Address _____

City: _____

State: _____

Zip: _____

Phone Number: () _____ - _____

Email (Clinton College) _____

Type of Complaint: Check all that apply

' 5DFH & RORU 'LVFULPLQDWLRQ ' 5HOLJLRXV 'LVFULPLQDW
2ULJLQ (WKQLFLW\ 'LVFULPLQDWLRQ ' \$JH 'LVFULPLQDWLR

If yes, please list the name(s), department, or title(s) of all other persons with whom you have discussed this matter and state the date(s) of the communication(s).

1. _____
2. _____
3. _____
- 4.

