

STUDENT COMPLAINT FORM

Redwoods Community College District provides a procedure for filing and processing complaints of unlawful discrimination and harassment. These policies and procedures incorporate the legal principles contained in nondiscrimination provisions of the California Code of Regulations, title 5, sections 59300 et seq. as well as other state and federal substantive and procedural requirements.

Please complete this form to the best of your ability. Once completed please click on "Submit" and this form will automatically be emailed to Jordan Hamill, Title IX Coordinator. You will receive a response within 48 hours. You can also mail the form to: College of the Redwoods, Attn: Jordan Hamill, Title IX Coordinator, 7351 Tompkins Hill Road, Eureka, CA, 95501.

CR Campus	<input type="text"/>	Work Phone	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
		MI	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	Home Phone	<input type="text"/>
State	<input type="text"/>	Best time to call:	<input type="text"/> AM/PM <input type="text"/>
Zip Code	<input type="text"/>	E-mail	<input type="text"/>

Currently a CR Student? Yes No Student ID Number: _____

Was Early Resolution sought? Yes No If yes, with whom: Date

Indicate the type(s) of complaint being filed:

<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Stalking
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If you are filing a Discrimination or Harassment complaint, indicate the protected status(es) that was/were the basis(es) of the alleged Discrimination or Harassment. (Please select all that apply):

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Gender Identity/Expression	<input type="checkbox"/> Military/Veteran Status	<input type="checkbox"/> Age

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1. Identify the Respondent(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below.

Respondent(s) name:	Association with the campus:	Association to you:

2. Describe the incident(s) or events(s), date(s), time(s), and location(s) giving rise to your complaint.

Attach additional pages to this form, if necessary.

3. Describe the specific harm you have suffered resulting from the incident(s). Attach additional pages to this form, if necessary.

4. What did you or others do to try to resolve the complaint? What was the outcome?

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5. Identify individuals who may have observed or witnessed the incident(s) that you described.

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	Telephone	<input type="text"/>	
						Cell Phone	<input type="text"/>	
E-mail	_____						Telephone	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	Cell Phone	<input type="text"/>	
Position/ Job Title	<input type="text"/>							
E-mail	_____							

6. Do you have any documents or electronic communications (including text messages or email) that support your complaint?

Yes No (Please list and attach a copy.)

7. Do you have any physical evidence (such as photographs, videos, blood tests or rape kits) that support your complaint? (Please describe)

8. Describe the outcome(s) you expect from filing your complaint. Be as specific as possible.

You may elect to have an Advisor present at meeting(s) and/or interview(s) which may be a Sexual Assault Victim's Advocate. If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meeting(s) and/or interview(s) regarding this complaint. The role of the Advisor is limited to observing and consulting with you.

9. If you will be accompanied by an Advisor, provide the name and telephone number.

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	Telephone	<input type="text"/>
						Cell Phone	<input type="text"/>

CERTIFICATION

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

Print Name of Student _____	Date <input type="text"/>
Signature of Student _____	

For CR Use Only: Date Complaint Received _____ Signature _____