Student Grievance Complaint & Sexual Assault Complaint Form

I understand that I have a right to initiate a complaint against: a) another student, b) a faculty member, c) an administrator, d) a member of the classified staff, e) a board member, or an off-campus individual(s) if subjected to unjust action or denial of my rights or sexual assault under District/College rules and State/Federal laws. In doing so, I have the opportunity to seek resolution through use of the Student Complaint Process.

If you have been sexually assaulted and prefer to speak to someone and have them complete this form with you, then please contact a member of the Title IX team listed at http://www.sjcc.edu/News/Pages/Title-IX---A-Student’s-Right-to-Know.aspx (scroll down to the bottom of the page).

Name and Student ID Number: ______________________________________________________________

Home Phone number: ________________________ Cell phone number: ________________________

Email address: ___________________________________________________________________________

COMPLAINT AGAINST:

Student _____ Faculty _____ Staff _____ Administrator _____ Off-Campus Individual(s) ________

Is this a sexual assault complaint?   YES ___ NO ___

If the individual is from off campus, is the individual a:

boy/girlfriend ________ spouse ________ family member ________ friend ________ stranger ________

If your complaint is against a College employee, please answer the following questions:

1. Was a meeting held with the College employee against whom this complaint is being filed?
   
   _____ Yes   _____ No   Date of meeting __________________________________________

2. Was a meeting held with the supervisor of the College employee against whom the complaint is being filed?
   
   _____ Yes   _____ No   Date of meeting __________________________________________

3. Was a meeting held with the appropriate Vice President regarding your complaint?
   
   _____ Yes   _____ No   Date of meeting __________________________________________
Results of the meeting:

Please describe the general and specific nature and/or grounds on which this complaint is based. Support your allegations with names, locations, departments, dates, times, records, etc.

*If this is a sexual assault complaint, only complete the description if you are willing and able. If you prefer to speak to someone instead of completing the description in the space provided below, please indicate by checking the space here:*

______ I prefer to speak with someone and have that person complete this section with me.

Remedy Desired
List all documents to be reviewed

________________________________________

________________________________________

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________________________________________

________________________________________

Attach additional information to this document

I have reported to the best of my ability, that the information and/or supporting documents I have given is true and factual.

Signature __________________________ Date __________

Cc: Student Submitting Complaint
   Respondent (Party against whom the complaint is filed)
   Office of Student Development & Activities (Student Life)
   Original Copy: Office of Student Affairs