



## **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 \_\_\_\_\_ Date of meeting \_\_\_\_\_

**Results of the meeting:**

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Attach additional information to this document

**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.

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Attach additional information to this document

***Remedy Desired***

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Attach additional information to this document

**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