|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Northeast Texas Community** **College** | | **Division of Student and Outreach Services** | | | | |
| **Student Complaint Report Form** | | | | | | |
| Complainant’s Name: ­­­­­­­­­­­­­­­ | | | | | ID#: | |
| Address (City, State, and Zip Code): | | | | | | |
| Home Phone: Cell Phone: | | | | | | |
| Major Field of Study (Optional): | | | | | | |
|  | | | | | | |
| Complaint: | | | | | | |
| Person(s) Involved: | | | | | | |
| Date of Incident: | | | Specific Time or Time Period: | | | |
| Specific Location: Dorm SUB Classroom Parking Lot Other (Specify): | | | | | | |
| Type of Contact (If Applicable) :  Face-to-Face Email  Social Networking (e.g., Facebook, Twitter)  Text messaging/Cell Phone | | | | | | |
| DESCRIPTION (Nature of COMPLAINT/ Incident) (to be completed by complainant) | | | | | | |
| *(Describe actions, behavior, impact(s) of actions or behavior, responses, including language used immediately before and/or after the incident, and relevant facts.) For additional space, write on the backside of this form.* | | | | | | |
| Intervention/Action taken (To be completed by college personnel) | | | | | | |
|  | | | | | | |
| SIGNATURES | | | | | | |
| Complainant |  | | | Date | |  |
| Instructor/Staff (If Applicable) |  | | | Date | |  |
| Vice President |  | | | Date | |  |

**Submit a copy of this form to the Office of the Vice President for Student and Outreach Services within seven days after the filing of the complaint. Attach any additional documentation and/or evidence to further confirm the complaint.**

**If necessary, the Student Complaint Resolution Chart can be reviewed under the Info Center tab located on myEagle Portal.**