

OREGON COAST COMMUNITY COLLEGE

COMPLAINT/GRIEVANCE FORM

Please type, print, or write legibly.



Name: _____

Address: _____

Phone: _____

Email: _____

Date of occurrence: _____

Individuals present: _____

Students-Submit completed form to The Office of the Dean of Students.

Employees and Third Parties- Submit completed form to The Office of Human Resources.

Explanation of event: _____

Steps taken to date: _____

Desired Resolution: _____

Signature: _____ **Date:** _____

Please attach additional sheets or documentation if necessary.