



**Campus Police--Ext. 2329  
After Hours & Weekends—Ext. 2555**

## COMPLAINT FORM

(SUBMIT THIS FORM TO THE OFFICE OF THE VICE PRESIDENT, STUDENT SERVICES, BLDG 55)

Your Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone : \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_

When? Date and Time of Incident	Who? Names of persons involved

Where? If class, include section # and course name	Witnesses:	Phone Number:

What happened? Please give in detail who said or did what during the incident. Use back of form if necessary.

I have completed this report as a request for this complaint to be investigated and appropriate action to be taken.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Received \_\_\_\_\_ Staff Initials

**FOR OFFICE USE ONLY**

**ACTION TAKEN:**

  

STAFF MEMBER'S NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

STAFF MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPLAINANT NOTIFIED:**

