

LANE COMMUNITY COLLEGE STUDENT COMPLAINT FORM

This form is to be used by students to initiate the formal complaint procedure as outlined in the [Lane Community College Student Complaint Procedure](#). Students may seek the help of a trained campus advocate for assistance with the formal complaint procedure.

This section is to be completed by the person filing the complaint:

Name: _____ L Number: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ Message telephone: _____
 Person accused: _____ Dept. (if applicable): _____
 Date of incident(s): _____ Location of incident(s): _____
 Date submitted: _____ SIGNATURE: _____

Attach your statement describing the incident on a separate sheet.

BE SURE TO INCLUDE YOUR DESIRED OUTCOME OR RESOLUTION OF YOUR COMPLAINT.

Please list the names of other persons with information about the complaint:

Name: _____ Name: _____
 Address: _____ Address: _____
 Telephone: _____ Telephone: _____

Was the informal report and resolution process followed? Yes _____ No _____

If yes, name of advocate or staff person who assisted with informal process:

_____ Department: _____

**RETURN THIS FORM TO THE ASSOCIATE VICE PRESIDENT OF INSTRUCTION AND STUDENT SERVICES:
 Building #3 (Administration), Second Floor**

This section is to be completed by AVP for Instruction and Student Services:

Complaint Received by	Date _____	Initials _____
Complaint assigned to Judicial Advisor	Date _____	Initials _____
Accused notified in writing of the complaint	Date _____	Initials _____
(within 5 working days of receipt of the complaint)		

This section is to be completed by investigating Judicial Advisor or investigating AVP:

Judicial Advisor/AVP sends written notice of findings to complainant and accused (within 20 working days of complaint being filed)....	Date _____	Initials _____
Complainant appeals findings.....	Date _____	Initials _____
(within five working days of receiving findings)		
Associate Vice President for Instruction and Student Services notifies complainant and accused in writing of final decision	Date _____	Initials _____
(within 10 working days of receiving appeal)		