ANGELINA COLLEGE STUDENT COMPLAINT AND APPEAL FORM

All formal complaints and appeals must be submitted using this form, and all fields must be completed. If a field is not relevant, write "N/A" in the space provided. Please note that complaints alleging discrimination, including violations of Title IX (gender), Title VII (sex, race, color, religion, national origin), ADEA (age), or Section 504(disability), must be submitted to the Executive Director of Student Affairs, Administration Building room 204-A, and in accordance with Angelina College policy.

Field 2 Date:

Field 1 Student Name:

F	Field 3 Mailing Address:				
F	Field 4 Email Address:		Field 5 Phone Number :		
Field 6 Select One Option by Filling in the Corresponding Circle:					
0	LEVEL ONE: Complaint to Supervisor		O DISCRIMINATION		
O	LEVEL TWO: Appeal to Next Level Supervisor	OR	✓ Title IX & Title VII: submit form to Dean of Student Affairs		
O	LEVEL THREE: Appeal to College President		✓ ADEA, ADA & Section 504: submit form to		
Э	LEVEL FOUR: Appeal to Board of Trustees (see Field 9 below)		Director of Human Resources ✓ All other Discrimination: submit form to College President		
			Protected class of complainant:		
You may attach any relevant documents to this form. You may also attach additional pages if the spaces provided below are insufficient. If you choose to attach additional pages, please write "see attached" in the space(s) below. Field 7 Complaint Be specific (e.g., full names - including the name(s) of responsible person(s), date the alleged incident occurred,					
	location(s), relevant rule(s) & regulation(s), etc.). The complaint must be in relation to an incident that has already occurred. Do not reference multiple matters or matters already addressed in a complaint you previously submitted.				

FLD (EXHIBIT)

Field 8 Adverse Effect: Explain how the alleged action	n or issue adversely affected you.	
Field 9 Requested Relief : State the specific corrective action or relief you are requesting. The corrective action requested relief must be within the authority of AC to grant.		
Field 10 Names of Witnesses who have firsthand knowled	lge of the events being complained:	
Field 11 Name of Dannesantative:	O No Poprogentative Chagon	
Field 11 Name of Representative:	No Representative Chosen	
of this process. If the individual designates a representative with scheduled conference or hearing, the College may reschedule the to include the College's counsel.		
SIGNATURE		
SIGNATURE	DATE	
PRINTED NAME		
TRIVIED IVANE		
ADMINISTRATION USE ONLY		
Name of administrator who received this form:		
Date complaint form received:		
•		
Date of complaint conference or hearing: Da	te written response sent to complainant:	
Administrator must retain (a) the original complaint form and a		
mployee (Level One only), (c) the written response issued by the		
locuments relied upon by the supervisor/administrator in reaching		
ocuments reflect upon by the supervisor/administrator in reaching	g the illitial decision, and (e) any recordings of conferences.	

The Executive Director of Student Affairs is responsible for reviewing and updating this exhibit. Policy reviews are made in accordance with the Office of Institutional Effectiveness Policy Tracking document.