



COMMUNITY COLLEGE
OF RHODE ISLAND

Office of Human Resources

COMPLAINT FORM

Complainant Information

Name: _____

Date: _____

E-mail address: _____

Cell phone: _____

Home Address: _____

Home Telephone: _____

City: _____

State: _____ Zip: _____

Are you a: student employee job applicant other

Name and title of person(s) charged: _____

If you are a student and the alleged violation is against your professor and occurred while you were taking a class, please provide the semester, class title and section number. _____

Where did the alleged violation take place? _____

Name of witnesses, if any:

Date of alleged violation:
Have you brought this charge to anyone else's attention?
 Yes, to whom _____ No

Explain as briefly as possible the nature of your complaint and indicate who was involved. Also, attach any written material pertaining to your case. If necessary, please attach sheets of paper.

