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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

What action would you like taken?

Complainant Signature

Date

Please return the complete form to:

Sheri Norton
Director of Human Resources
400 East Avenue
Warwick, RI 02886

If you have any questions, please call 401-825-2311