Complaint Form

Guiding Principles

The College District encourages students to discuss their concerns with the appropriate instructor or other campus administrator who has the authority to address the concerns. Concerns should be expressed as soon as possible to allow early resolution at the lowest possible administrative level. Informal resolution shall be encouraged but shall not extend any deadlines in this policy, except by mutual written consent.

For more detailed information regarding complaints and course grade complaints, see Alvin College's policy, FLD and FLDB.

Complainants may also review information at: Texas Administrative Code, (19 Administrative Code Chapter 1, Subchapter E).

To file a complaint with Alvin College, complete this form and email to vpofstudentservices@alvincollege.edu. (After entering your information, remember to "save as" a PDF file before emailing)

If you are unable for any reason to complete this form and would like to make a verbal complaint, please send an email to vpofstudentservices@alvincollege.edu to schedule an appointment.

Date: _____

COMPLAINANT INFORMATION

Last Name: _____ First Name: _____ Student ID #: _____

Mailing Address: _____

Phone Number: _____ Alvin College Email Address: _____

NATURE OF COMPLAINT (Check all appropriate boxes)

☐ 1. Complaint alleging sexual harassment, including sexual violence, is a form of sex discrimination and is therefore prohibited under Title IX. Unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal or physical conduct of a sexual nature constitute sexual harassment. (See Alvin College Policy FFDA)

☐ 2. Complaint alleging bullying, discrimination or harassment based on race, color, sex, gender, national origin, disability, age or religion. (See Alvin College Policy, FFE, FFDA and FFDB)

☐ 3. Complaint concerning retaliation relating to discrimination and harassment. (See Alvin College Policy, FFDA and FFDB)

☐ 4. Complaint concerning disciplinary decisions. See Alvin College Policy, FMA)

☐ 5. Complaint concerning a commissioned peace officer who is an employee of the College District. (See Alvin College Policy, CHA)

☐ 6. Complaint concerning grades. (See Alvin College Policy, FLDB)

☐ 7. Complaint concerning the withdrawal of consent to remain on campus. (See Alvin College Policy, GDA)

☐ 8. Other

DESCRIPTION OF COMPLAINT: Describe your complaint in detail. Be sure to include names of parties involved, location, date and time of event, personnel or facility that you are referring to etc.

PREVIOUS ACTION: Have you brought this matter to the attention of any other individual or department at the college? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter

WITNESSES TO THE INCIDENT (if applicable)

Name: _____Title/Relationship: _____Phone Number: _____

Name: _____Title/Relationship: _____Phone Number: _____

Name: _____Title/Relationship: _____Phone Number: _____

DECLARATION

I verify that the statements made in this form are true and correct to the best of my knowledge.

E-Signature of Complainant: _____Date: _____

E-Signature of Title IX Coordinator (if applicable):_____Date: _____

Remember to "save as" a PDF file and submit the saved file to vpofstudentservices@alvincollege.edu

Note: Although the college cannot commit to keeping a complaint confidential because of the college's obligation to investigate, the college will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

RESOLUTION OF COMPLAINT (for Alvin College use only)

COMPLAINT REVIEWED BY (Alvin College Employee(s)

E-Signature: _____ Date: _____

E-Signature: _____ Date: _____

E-Signature: _____ Date: _____

E-Signature: _____ Date: _____