

Date: _____

Please check ONE of the following:

- 1) I would like to submit a written record regarding my concern; however, I **WOULD LIKE TO REMAIN ANONYMOUS**. I understand that this prohibits any member of Student Services or any other department within the College from following up with me regarding my concern.
- 2) I would like to submit a written record regarding my concern. I would like a member of Student Services to follow up with me. I would like my concern presented to the department in question; however, **I DO NOT WANT MY INFORMATION** (including, but not limited to name and contact information) shared with any other department.
- 3) I would like to submit a written record regarding my concern. I would like a member of Students Services to follow up with me; additionally, I would like my concern presented to the department in question, and I give permission for members of other departments within the College (e.g. Academics) to contact me about my concern.

**Section A
Contact Information**

If you selected Option 2 or 3 above, please fill in the below. If you selected Option 1, please skip to Section B

Student Name: _____

Phone Number: _____

Email Address: _____

**Section B
Description of the Concern**

Is this concern related to an incident that occurred in Class with an instructor? Yes No

Person(s) Involved:

1. _____ Student Faculty/Staff Visitor

2. _____ Student Faculty/Staff Visitor

3. _____ Student Faculty/Staff Visitor

Please describe the concern that you wish to have addressed (use an additional piece of paper if necessary):

Section C
Requested Outcome

Please describe the OUTCOME that you hope to see (use an additional piece of paper if necessary):

Date of Incident: _____ **Time of Incident:** _____ **Campus:** _____

Department Use Only

Form Received By (Print): _____

Form Received By (Signature): _____

Date and Time of Report: _____