



INCIDENT REPORT FORM
Non-Civil Rights Grievances

Directions: If you believe that you have been subjected to alleged inequity as it applies to Board Policies, System President's Procedures, or Trinidad State Junior College Procedures, you are required to fill out this incident report form. Trinidad State Junior College can only base its findings and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of Incident: _____ Name (Complainant): _____

College: _____ S# _____

Name(s) of who you believe committed the alleged act(s) (Respondent):

Is person an employee, student, authorized volunteer, guest/visitor, or college?

Check One: Employee ___ Student ___ Authorized Volunteer ___ Guest/Visitor ___
College ___

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence.

Identify all individuals with knowledge of the conduct about which you are complaining.

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process?

Check one: Yes ___ No ___

Please describe your requested remedy for this grievance.

Disclosure: To investigate your grievance, it will be necessary to interview you, the alleged respondent, and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared.

Authorization to disclose identity of complainant: Yes No

**Please note limiting the college's ability to disclose will affect the college's ability to respond to the grievance.*

Please provide your contact information

Phone Number _____ Alternate Phone Number _____

Email _____

Acknowledgement

I, _____, am willing to cooperate fully in the investigation of my grievance and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

Signature

Date

Witness

Date