



General Complaint Form

See Collin College Board policy [FLD \(LOCAL\)](#) for a list of student complaint processes. This form should be completed if you would like to file a complaint regarding a specific incident or concern that is not addressed by those student complaint processes.

You must download this form and save it to your computer before filling it out in order for the information to save correctly. The completed form should be sent to dos@collin.edu along with any supporting documentation.

If you have any problems or questions, contact the Dean of Students Office directly at 972.881.5604 or dos@collin.edu.

Complainant's Information

First Name of Person Completing Form (or Type "Anonymous"):

Last Name of Person Completing Form (or Type "Anonymous"):

Address of Person Completing Form:

City:

State:

Zip Code:

Phone Number of Person Completing Form:

Collin College Email of Person Completing Form:

Personal Email of Person Completing Form:

Incident Information

Date Incident Occurred:

Location of Incident:

*If "Other" is Selected, List the Exact Location(s):

Individuals Involved

First Name:

Last Name:

CWID:

Individual is a:

Individual is a Current Collin College:

First Name:

Last Name:

CWID:

Individual is a:

Individual is a Current Collin College:

First Name:

Last Name:

CWID:

Individual is a:

Individual is a Current Collin College:

First Name:

Last Name:

CWID:

Individual is a:

Individual is a Current Collin College:

First Name:

Last Name:

CWID:

Individual is a:

Individual is a Current Collin College:

First Name:

Last Name:

CWID:

Individual is a:

Individual is a Current Collin College:

Description of Incident and Concerns

Provide a description of the incident and/or a summary of your concerns. Include sufficient detail to identify and clarify the basis of your complaint.

Additional Questions and Information

Have you discussed the matter with the respondent (i.e., the person against whom you are complaining)?

Yes*

No

*If yes, provide the date(s) of your discussion(s) with the respondent.

*If yes, provide a summary of the discussion(s).

Have you discussed the matter with the respondent's immediate supervisor, if applicable? Yes* No

*If yes, provide the date(s) of your discussion(s) with the supervisor.

*If yes, provide a summary of the discussion(s).

What action or relief are you requesting?

By signing below, I hereby affirm that I am submitting a general complaint and the information provided above is true and correct to the best of my knowledge.

Actual or Digital Signature:

Date: