## Western Oklahoma State College Grievance Form (excluding Title IX sexual misconduct, Title VII civil rights discrimination and Americans with Disabilities Act-ADA violation)

## Instructions:

Western Oklahoma State College (WOSC) is committed to providing educational and working environments that are free from discrimination and/or harassment. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the Grievance Procedure, found in the WOSC Employee Handbook. In particular, you should review the information on the time limits for filing a complaint. If you do choose to use this form, please include all the information requested below in your complaint. By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process. Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials which may assist in the investigation process. Please note that information provided on this or any other form is not considered an official complaint unless it is signed by you and dated.

To investigate your complaint, it may be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegations or defenses. The College will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action.

It is the expectation of the College that those who file a complaint will remain active and cooperative in the investigation process.

GRIEVANT	Last Name:	First Name:	Middle Initial:
Job Title:			
Department:			
Home Address:			Phone:
RESPONDENT	Last Name:	First Name:	Middle Initial:
Job Title:			
Department:			Phone:

Nature of Complaint:	
List Incident or Issue:	Date Occurred:

Describe in detail the specific incident that is the basis of the complaint. Please be as detailed as possible, giving names, dates and places; include phone numbers and addresses if applicable and/or possible. Use additional paper if needed.		
Did the person you are complaining against state the reason for the action prompting your complaint? If yes, please describe:		
List and describe all documents, emails, records, materials and other evidence pertaining to your complaint:		

List and identify all vitroscopes to the incidental and an appropriate from a constant and a set
List and identify all witnesses to the incident(s) or persons who have personal knowledge of
information pertaining to your complaint:
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Describe the injury or home you suffered because of the alleged association
Describe the injury or harm you suffered because of the alleged complaint:
What would you like the College to do as a result of your complaint – what remedy are you seeking:
If an advisor will assist you in the complaint process, indicate the individual's name, title, address and
telephone number:

## **Complaint Acknowledgment:**

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are true and correct.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the respondent. I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe support my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the College deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Signature of Grievant:	Date of Filing: