

**STUDENT COMPLAINT
NOTIFICATION TO AUTHORIZED REPRESENTATIVE
BY THE DISTRICT**

This Notice is the official notification to the Authorized Representative as provided for under Article 24.14 – FACULTY RIGHTS – No. 5 (c).

1. Unit Member Subject of Complaint: _____
2. Course (if applicable): _____
3. Date of Filing of Complaint: _____
4. Name of Complainant: _____
5. Basis for Alleged Discrimination/Harassment or Unsafe Assignment:

_____ Ethnic Group Identification	_____ Race
_____ Religion	_____ Physical Disability
_____ Age	_____ Mental Disability
_____ Gender	_____ Sexual Orientation
_____ National Origin	_____ Marital Status
_____ Ancestry	_____ Color
_____ Medical Condition (cancer, genetic characteristics, or pregnancy)	_____ Sex

Specific Nature of the Complaint:

District Factfinder Assigned to Investigation: _____

The District Factfinder will contact the Unit Member to schedule an appointment to discuss the student complaint. The Unit Member may bring his/her representative to any meetings with the Factfinder. If you have any questions about the process, please contact the District Compliance Officer on X7504 or 485-9504.