**WALLACE COMMUNITY COLLEGE - DOTHAN**

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| --- |
| Click to Enter Location |

(Location)

**SEXUAL MISCONDUCT GRIEVANCE FORM A**

TO: Click one Sparks Campus Title IX Officer  Wallace Campus Title IX Officer

FROM: Click to Enter Name

Student Number: Click to Enter Student Number

Home Address: Click to Enter Home Address

Home Telephone: Click to Enter Home Telephone Number

**PART I. GRIEVANCE**

Date(s) of Occurrence(s) upon which Grievance is Based: Click to Enter Date(s) of Occurence

**Description of Grievance:** (If Complainant is alleging a violation based on gender, handicap, or disability, Complainant should include a reference to the pertinent section(s), if known, of the relevant statute or regulation.) (Use additional pages if necessary to describe grievance.)

Complainant

**Distribution** (original and 2 copies): Dean or Division Director

**PART II: REPORT OF DEAN OR DIVISION DIRECTOR**

TO:

Home Address:

FROM: Dean or Division Director

Date

Response to Grievance stated above: (Attach additional pages or document, if necessary.)

Findings and conclusions of hearing officer/committee:

Proposed actions by College in response to report of hearing office/committee:

Dean or Division Director

**Distribution:** Complainant

President

Title IX Coordinator