



**BOSSIER PARISH COMMUNITY COLLEGE**  
**Student Grievance/Discrimination/Harassment Complaint Form**

Name of Complainant: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

1. If discrimination or harassment complaint, charge based on:  

<input type="checkbox"/> Race/color	<input type="checkbox"/> Sex
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Religious creed
<input type="checkbox"/> National origin/ancestry	<input type="checkbox"/> Disability or medical condition
<input type="checkbox"/> Age	<input type="checkbox"/> Other _____
  
2. If grievance complaint, charge based on alleged unfair treatment with respect to the application of:  
 Policy       Procedure       Regulation
  
3. Statement of grievance/discrimination/harassment. Please provide the following information (use an additional sheet if necessary).
  - a. Date(s), time(s), and location(s) of the alleged incident(s):
  
  - b. Description of each incident: e.g. Was any physical contact made? What was said and/or done?
  
  - c. Names of persons responsible (if known):
  
  - d. Name(s) of anyone else present during each incident:
  
  - e. Requested actions:

Comments:

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_