

Leeward Community College Student Complaint Form

Student Name: _____ Student ID: _____ UH email: _____@hawaii.edu

Contact Phone: _____ Best time to reach you: _____

Nature of complaint/concern: _____

Please describe in detail below the incident(s) about which you wish to submit a complaint, providing as much information as possible regarding date, time, location and specifics including names of people involved in the incident. Provide additional pages as necessary.

Please note this form is not meant to replace the process required by an Academic Grievance. Those processes for contesting grades or course credit are outlined in the Academic Grievance Procedures found at the college website at: http://www.leeward.hawaii.edu/files/StuPol_Acad_Grievance_Procedures_April2009.pdf and are administered separately as delineated in the Procedure document.

A separate policy and procedures are in place for handling complaints of sexual harassment. Complaints concerning sexual harassment by a member of the college faculty or staff are directed to the Human Resource Office. Complaints about sexual harassment by students toward students or other members of the campus community are directed to the DOSS.

Any complaint about employees of the college may result in an internal investigation, the contents of which may not be made public, even to the person originating the complaint in order to protect the rights of the accused party.

In submitting this form to the DOSS, I, the undersigned student, acknowledge that I may be held liable for any false statement, and that submitting a false statement to an officer of the college is a violation of the Student Code of Conduct, punishable by sanctions approved in the University of Hawaii's Student Conduct policy.

Signed: _____

Date: _____