

CCCLOC REPORT FORM

Member Name: _____ Home Campus: DA / HW / KK / MX / OH / TR / WR

Member Email: _____ Member Phone: _____

Date of Occurrence: _____ Date Report Submitted: _____

Member Signature: _____ Date: _____

Report Type (please check option):

- Grievance Request
- Member Misconduct Complaint
- Procedural / Process Complaint
- Other - _____

Details of Report: (Please describe the incident(s) as clearly and concisely as possible. Provide as much detail as you can recall, including when and where the events occurred and who said what to whom. Explain how the conduct or treatment harmed you as a member. Use additional pages or additional documentation, such as emails, pictures, etc. as necessary)

Action Sought: (Please describe what you would like to see done to correct the situation.)

CCCLOC REPORT FORM

Information of all parties involved or who may be able to provide additional information:
(Please include as much information as possible for all parties connected to this report)

1) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

2) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

3) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

4) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

5) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

Submit this report directly to the CCCLOC President. Once this report has been filed, it will be forwarded to the appropriate CCCLOC Representative in order to investigate the report.