

## EMPLOYEE GRIEVANCE INCIDENT REPORT FORM

### *Non-Civil Rights Complaints*

Directions: If you believe that you have been subjected to alleged inequity as it applies to Board Policies, System President's Procedures, or Community College of Denver (CCD) Procedures, you are required to fill out this incident report form. CCD can only base its findings and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of Complaint: \_\_\_\_\_ College: \_\_\_\_\_

Name (Complainant): \_\_\_\_\_ S#: \_\_\_\_\_

Name(s) of who you believe committed the alleged act(s) (Respondent):

\_\_\_\_\_

Is person an employee, student, authorized volunteer, or guest/visitor?

*Check One*  Employee  Student  Authorized Volunteer  Guest/Visitor

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify all individuals with knowledge of the conduct about which you are complaining.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE GRIEVANCE INCIDENT REPORT FORM**  
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We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? *Check one:*  Yes  No

Please describe your requested remedy for this grievance.

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Disclosure

To investigate your grievance, it will be necessary to interview you, the alleged respondent, and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared.

Authorization to disclose identity of complainant:  Yes  No

*\*Please note limiting CCD's ability to disclose will affect the college's ability to respond to the grievance.*

Please provide your contact information

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_