

Carl Albert State College

Campus Concern/Grievance Form

This form is used to report any campus concern or grievance.

*Please return completed form to the **Human Resources Office**, 1507 S. McKenna, Poteau, OK 74953, Holton Business Building 866(D), fax to 918-647-1359. Phone 918-647-1373 email vhill@carlalbert.edu*

Name _____ Date _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a: CASC Student _____ CASC Visitor _____ CASC Employee _____

Concern Relates To: (Please check all that apply)

- _____ Campus Concern
- _____ Discrimination Grievance
- _____ Sexual Harassment Grievance
- _____ Student Conduct Grievance

On the following page(s) please describe the incident in detail.

- Please note by signing this form you are giving permission for any of your records to be reviewed.

Signature

Date

Please return completed form to Human Resources.

