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.
Date of Incident:___________________________  Time of Incident:__________________________

Location of Incident:__________________________________________________________________

Person(s) Involved:______________________________________________

Name of Witness(es) if any:__________________________________________________________

Describe the Issue (Be Specific):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

(Use additional pages if needed.)

Preferred Resolution:______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

(Use additional pages if needed.)

Signature:___________________________  Date:___________________________

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