



OWENS
COMMUNITY COLLEGE

TIME AND DATE RECEIVED

RECEIVED BY:

ASSESSMENT REQUEST / INCIDENT REPORT FORM

(Check all boxes that apply)

COMPLAINANT:

Name Contact Information (phone / email)

STATUS: Employee / Student / Visitor (list one below) Department (Employee/ Student / Visitor)

Address (if non-employee) City/State Zip

STATEMENT OF COMPLAINT:

1. Type of request or incident alleged:

- Campus Education (suggested training) Curriculum Other
- Employment (application or accommodation) Facility
- In-Class / On-line Instruction Website

DATE OF ALLEGED INCIDENT / SUGGESTION

2. Name(s) & number(s) of individuals involved and/or potential witness(es):

3. Describe the request or incident

Mail form to: Office of Equal Opportunity: Administration Hall, Human Resources, 2nd Floor

4. Resolution or remedy suggested

Print/Signature of Complainant:

Date:

Attach Separate Page if more space is necessary



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For Office Use Only

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Please return to: Office of Equal Opportunity - Administration Hall, Human Resources, 2nd Floor