



27210 College Road • Centralia, IL 62801 • (800) 642-0859 • (618) 545-3000 • Fax (618) 545-3393

### Complaint Information Form

Today's Date \_\_\_\_\_

#### Contact Information for the Person Filing the Complaint

Name \_\_\_\_\_ Date of Birth or KC ID \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_ Date Incident Occurred \_\_\_\_\_  
(Street Address) (Complaint must be filed within 20 working days of this date)

\_\_\_\_\_ Preferred Telephone # \_\_\_\_\_  
(City) (State) (Zip)

Name and Title of the Person(s) Involved in the Complaint \_\_\_\_\_

**NOTE:** Please be aware that when investigating this complaint the names and the basis for the complaint must be shared with the individual(s) involved in the complaint.

#### Basis for the Complaint: (Please Print in the Space Provided Below)

- Please provide the following information regarding the person, situation, or process involved below: **what** happened, **when** it happened, **where** it happened, **who** was involved, **why** it happened, **how** it happened and the names of any witnesses. **(Please feel free to attach additional pages if necessary.)**
- It is important to *be as specific as possible* when providing this information.

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**NOTE: THIS SECTION MUST BE COMPLETED**  
**Please describe the action already taken to resolve this situation:**

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*(Please return the completed form to the Complaint Officer at the address shown at the top of the form.)*



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### Complaint Information Form

(To ensure prompt action can be taken, all information requested on the front of the form must be provided before submission)

#### **THIS SECTION TO BE COMPLETED BY KASKASKIA COLLEGE PERSONNEL ONLY**

**If a KC staff member is completing this form instead of the complainant, please be aware that it cannot be considered a formal complaint unless the complainant was unsuccessful in his/her attempts to resolve the situation. The action taken by the complainant must be noted on the front of the form. Please also document the action you have taken to resolve this complaint below:**

**Name of person completing this section of the form (Please Print)** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Date Submitted to Complaint Officer** \_\_\_\_\_

(Note: Must include specific names, dates, times, for each action taken to resolve the issue so that it can be routed to the proper person for handling.)

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**Please return the completed form to the address shown below.**

**Cheryl Boehne  
Complaint Officer  
Kaskaskia College  
27210 College Road  
Centralia, IL 62801**