PROVIDENCE COLLEGE

Office of Safety and Security Complaint Form

Name of Complainant:				
Indicate your Status:	_Student	Faculty _	Staff	Administrator
Other (Expla	in)			
Ph. #:	E-mail:		Resider	
Type & Basis of Complain	nt (check all th	nat apply):		(Students)
Type:Discrimination	Harassm	entReta	liation	
Basis:RaceNa Disability Veteran Status	Religion	Sexual (derAge
Person(s) Accused - Name	e and Title:			
Please describe what happen persons involved, as clearly words exactly as you heard typed statement with this in	and completed them, please p formation.	ly as possible. out them in quo	If you include tation marks. Y	statements or You may attach a

Please list names and telephone numbers of any witnesses. Witness 1: What information can this witness provide?				
	•			
Witness 2:	What information can this witness provide?			
Witness 3:	What information can this witness provide?			
•	the situation resolved? What corrective action, if any, are y			