
WITNESSES (If any, provide the names of witnesses to support your allegations):

As a result of this complaint, what would you like to see accomplished?

Complainant's Signature: _____ Date: _____

Complaint Received by: _____ Date: _____

Return Completed Form To: 7000-Equal Opportunity & Diversity Programs
Lansing Community College
P.O. Box 40010
Lansing, MI 48901-7210
Phone Number: (517) 483-1725

Please Note: The College will make every effort to hold the incidents of the official complaint in confidence. However, the College cannot guarantee confidentiality beyond the limits of this investigation.



Lansing Community College
Where Futures Begin
An Equal Opportunity, Affirmative Action College
Accredited by North Central Association of Colleges and Schools