CONFIDENTIAL:
MISCONDUCT COMPLAINT FORM

This form is used to report complaints against an employee or guest/contractor of LCC.

If the complaint is against an LCC student, please contact LCC's Office of Student Compliance at LCC Office of Student Compliance Website or at 483-1261.

Instructions: Please read and complete the entire form to the best of your ability. When complete, please submit this form to the Human Resources Labor & Employee Relations Department in person at 610 N. Capitol Avenue, Administration Building, Suite 106; or e-mail to: hr-laborrelations@star.lcc.edu

PLEASE COMPLETE THE FOLLOWING WITH YOUR OWN INFORMATION

Name: _____

Department: _____

Email Address: _____

Home Address: _____

Phone number (Cell): _____

Phone number (Other): _____

LCC Status: ☐ Faculty/Staff ☐ Student ☐ Other (please specify) _____

PLEASE COMPLETE THE FOLLOWING WITH INFORMATION RELATED TO THE PERSON WHO IS ALLEGED TO BE THE VICTIM OF MISCONDUCT. LEAVE THIS SECTION BLANK IF THAT PERSON IS YOU.

Name: _____

Department: _____

Email Address: _____

Home Address: _____

Phone number (Cell): _____

Phone number (Other): _____

LCC Status: ☐ LCC Employee ☐ Student ☐ Other (please specify) _____

PLEASE COMPLETE THE FOLLOWING WITH INFORMATION RELATED TO THE PERSON WHO IS ALLEGED TO HAVE COMMITTED THE MISCONDUCT.

Name: _____

Department: _____

Email Address: _____

Home Address: _____

Phone number (Cell): _____

Phone number (Other): _____

LCC Status: ☐ Faculty/Staff ☐ Student ☐ Other (please specify) _____

DESCRIBE SPECIFIC ACT(S) ALLEGED WITH AS MUCH DETAIL AS POSSIBLE. IF ADDITIONAL SPACE IS NEEDED, USE REVERSE SIDE OF PAPER OR ATTACH ADDITIONAL SHEETS.

Date of Report: _____

Date(s) of Incident(s): _____

Time(s) of Incident(s): _____

Where did the incident(s) occur? _____

Did this incident occur at an LCC event? ☐ Yes ☐ No

If yes, what was the event? _____

Do you have reason to believe this incident represents a present threat of harm or danger to you or other members of the LCC Community? ☐ Yes ☐ No

If yes, why? _____

Was a weapon involved? ☐ Yes ☐ No

If so, what was the weapon? _____

Have you discussed this incident with anyone else? ☐ Yes ☐ No

If yes, with whom did you discuss this incident? _____

Were there any witnesses? ☐ Yes ☐ No

Please name any witnesses: _____

If alleging harassment, did you take any action to stop the MISCONDUCT? ☐ Yes ☐ No

If yes, please summarize the action taken: _____

_____

_____

How would you like to see the situation resolved? _____

_____

_____

Signature: _____ Date: _____

Received By: _____ Date: _____