OVCMT International Student Complaint Form

| | Instructions: Add your name, signature and date to any extra pa completed form to the OVCMT Liasson Support Coor | ur name, signature and date to any extra pages. Submit | | | |
|---|--|--|--|--|--|
| 0 | TUDENT INFORMATION | | | | |
| 2 | | | | | |
| F | irst Name: | Student ID #: | | | |
| L | ast Name: | Cohort: | | | |
| | | | | | |
| | INCIDENT DETAILS | | | | |
| | | | | | |

| Date of Incident: | Time of Incident: |
|-----------------------|---|
| Location of Incident: | |
| Type of Incident | Academic/ Educational Administrative or Student Services Education Agents Related Harassment/Discrimination Other |

Detail Description of Incident: (what happened, who was involved)

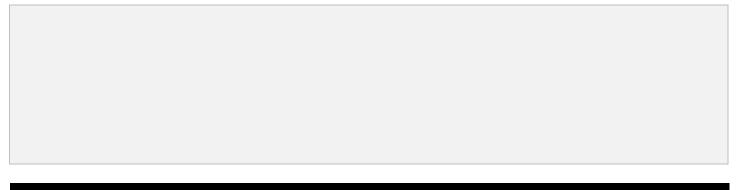
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Impact of the Incident:

WITNESSES (if applicable)

| WITNESS 1 | WITNESS 2 | | |
|----------------------|----------------------|--|--|
| Name: | Name: | | |
| Contact Information: | Contact Information: | | |
| Relationship: | Relationship: | | |

Witness Information:



STUDENT DECLARATION AND SIGNATURE

I, _____ certify that the information provided here is true and

accurate to the best of my knowledge and belief, and I understand that providing false information could result in disciplinary action up to and including dismissal from the program.

Student Signature

Date

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OFFICE USE ONLY

| Date Received: | Received By: | |
|---------------------------------|--------------|--|
| Initial Notes: | | |
| Action Taken: | | |
| Follow Up Date (if applicable): | | |

Staff Signature

Date