



# NCTC

## NCTC COMPLAINT & GRIEVANCE FORM

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DEPARTMENT RELATED  
TO COMPLAINT:** \_\_\_\_\_

**DATE OF INCIDENT:** \_\_\_\_\_

**TIME OF INCIDENT:** \_\_\_\_\_

**LOCATION/CAMPUS:** \_\_\_\_\_

**DESCRIBE THE COMPLAINT:**

**DESCRIBE THE ATTEMPTS TO RESOLVE THE SITUATION:**

**DESCRIBE THE OUTCOMES YOU ARE SEEKING TO RESOLVE THIS COMPLAINT:**