**WALLACE COMMUNITY COLLEGE - DOTHAN**

|  |
| --- |
| Click to Enter Location |

(Campus Location)

**SEXUAL MISCONDUCT GRIEVANCE FORM B**

TO: Click to Enter President's Name

FROM: Click to Enter Name

Student Number: Click to Enter Student Number

Home Address: Click to Enter Home Address

Home Telephone: Click to Enter Home Telephone Number

**PART I. NOTICE OF APPEAL**

Nature of Grievance being appealed: Click to Enter Requested Information

**Appeal Statement(s):** (Please specify objection(s) to finding(s), conclusion(s), or recommendation(s) of Report of the Title IX Officer. Please attach any supporting documents, including a photocopy of Report. Use additional sheets, if necessary. **Grievance Form B must be filed within 15 calendar days following receipt of the Title IX Officer’s written report. Failure to comply with this requirement will result in forfeiture of appeal rights.)**

Complainant

**Distribution:** President

Title IX Coordinator

**PART II. PRESIDENT’S REPORT**

TO:

Home Address:

FROM: President

Date Appeal Received:

Date of Report:

Response to Appeal:

President

**Distribution:** Complainant

Title IX Coordinator

Chancellor