

CCCLOC INCIDENT REPORT FORM

Member Name: _____ Home Campus: DA / HW / KK / MX / OH / TR / WR

Member Email: _____ Member Phone: _____

Date of Occurrence: _____ Date Report Submitted: _____

Member Signature: _____ Date: _____

Report Type (please check option):

- Grievance Request
- Member Misconduct Complaint
- Procedural / Process Complaint
- Other - _____

Details of Report: (Please describe the incident(s) as clearly and concisely as possible. Provide as much detail as you can recall, including date(s), time(s), location(s) and names of all persons present who witnessed the occurrence. Explain how the conduct or treatment harmed you as a member and reference any Article(s) & Section(s) from our CCCLOC Contract. Use additional pages or additional documentation, such as emails, pictures, etc. as necessary)

Action Sought: (Please describe what you would like to see done to correct the situation.)

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Information of all parties involved or who may be able to provide additional information:

(Please include as much information as possible for all parties connected to this report)

1) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

2) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

3) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

4) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

5) Name: _____ Title: _____

Department: _____ Campus: DA / HW / KK / MX / OH / TR / WR

Phone #: _____ Email: _____

Print this form and complete as thorough as possible. Then email it ASAP directly to the CCCLOC President at cccloc.prez@gmail.com and the VP of Grievances at timi71079@gmail.com in order for the union to start investigating the situation.

Received by: _____ Date Received: _____