STUDENT DISCRIMINATION, BULLYING AND HARASSMENT PREVENTION COMPLAINT FORM

A.	Complainant's Name:
	Address:
	Phone #: Email Address:
	Student Staff Faculty Other
	Department/Program:Campus
B.	Respondent's Name:
	Department/Program:Campus
C.	Section of the Policy that this complaint is being filed under:
you Pol	In your own words, and in the space provided below, please indicate the details of ur complaint under the Student Discrimination, Bullying and Harassment Prevention licy and Procedure. If you would like to provide a more detailed description, please ach to this form.
Ple	ease describe any actions that you have taken to try to resolve this problem.
W h	nat do you require to resolve this complaint?
Sig	unature of complainant: Date:

This form shall be submitted to the Director, Student Services at studentconduct@nlc.bc.ca.

Please note that this document and any attachments to it that you provide in the course of filing a complaint is held in confidence by the College. If an investigation is undertaken the College will share information with those persons involved in the complaint as necessary to ensure the principles of natural justice and procedural fairness are met, but will otherwise maintain confidentiality of the investigation throughout the entire investigation process unless otherwise required by law. Your signature confirms that you have been made aware and give permission for the above use of this information.