

Date Rcvd: \_\_\_\_\_

Intl: \_\_\_\_\_

Use this form to aid in resolving problems with a CCC policy, staff or faculty member. Refer to the current Student Handbook for detailed Problem Resolution Procedures. This form should be returned to the appropriate department supervisor or to Jennifer Anderson, Associate Dean of Enrollment and Student Services at [jennifer.anderson@clackamas.edu](mailto:jennifer.anderson@clackamas.edu)

**Name of Person Reporting Problem**

Name: \_\_\_\_\_ CCC ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_@student.clackamas.edu Phone: \_\_\_\_\_

**Did you speak with the person involved in the incident prior to filling out this form?** Yes No

- If yes, describe the informal process you used and the outcome.
- If no, please state why an informal discussion about the issue did not take place.
- Please include the name (s) of those involved.

**Date of Incident:** \_\_\_\_\_**Time:** \_\_\_\_\_**Campus:** \_\_\_\_\_**Building:** \_\_\_\_\_**Please describe the incident in as much detail as possible, include names and other important information.**

- Reference CCC's policies and procedures in the Student Handbook as they apply.
- Attach a separate page if needed.

**Please describe, as clearly as you can, what you believe would be the best solution to this problem.**

- Reference CCC's policies and procedures in the Student Handbook as they apply.
- Attach a separate page if needed.

**Statement of Understanding:**

*Please read and initial all of the following to acknowledge that you understand Clackamas Community College's Disciplinary Appeal Procedures.*

\_\_\_\_\_ I have read CCC's Problem Resolution Procedures in the current academic year's Student Handbook.

\_\_\_\_\_ I understand that this form must be submitted to the appropriate supervisor or associate dean within thirty (30) working days of the end of the term in which the problem occurred.

\_\_\_\_\_ I understand the importance of maintaining confidentiality and respect for all parties involved during the Appeal Process.

\_\_\_\_\_ I have completed the Problem Resolution Form in its entirety and the statements herein are true and accurate.

\_\_\_\_\_ I understand that the associate dean or supervisor will gather necessary evidence to make a decision, and this may require me, the student, to meet with the staff member involved at the associate dean or supervisor's request.

\_\_\_\_\_ I understand that after the associate dean or supervisor has decided upon the outcome, s/he will provide me, the student, a written explanation of the decision within ten (10) working days of the receiving the Problem Resolution Form.

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Printed Name

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Signature

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Date