



Student Complaint Form

Thank you for taking the steps to bring your issue to our attention.

This will provide you with the guidelines to assist you in submitting and resolving your student complaint.

DEFINITION OF STUDENT GRIEVANCE:

Any complaint concerning an alleged unauthorized or unjustified act or decision by a staff member not involving sexual harassment and/or discrimination, which adversely affects the grade, status, rights, or privileges of a student, is the concern of the Madera College administration. See Administrative Regulation (AR) 5530, which is available on the district's website at <https://www.sccd.edu/about/board-of-trustees/policies-and-regulations.html>

A STUDENT WHO HAS A COMPLAINT MAY TAKE ACTION IN THE FOLLOWING SEQUENCE:

For a situation involving sexual harassment and/or discrimination, contact: Madera College Title IX Coordinator, Dean Julie Preston-Smith, at (559) 675-4141.

1. Discuss the problem with the individual involved.
2. If a mutually satisfactory understanding has not been reached at Step 1, please complete the attached Student Complaint form and return it to the appropriate Administration office below. The Administrator will review the complaint and when applicable, forward the complaint to the appropriate Department Chair responsible or Manager for the service or instruction area. After the complaint is reviewed, the Chair, Manager, or Dean will attempt to address and resolve the issue. The student will be notified of the decision.

| For Complaints Involving | Contact | Office Location/Phone |
|--|--|--|
| Faculty/Staff in Accounting, Agriculture, Biology, Business, Chemistry, Child Development, Computer Science, Criminology, Economics, Engineering, Hospitality, Industrial Technology, Information Systems, Kinesiology, Manufacturing, Mathematics, Medical Administration, Mechanized Agriculture, Nursing, Physics, Office Technology, Plant Science, Truck Driving, Welding | Dr. Stephanie Briones Dean of Instruction | AV1-101B Phone: 559-675-4813 |
| Faculty/Staff in Art, ASL, Communication, Education, English, ESL, Film, Food & Nutrition, Health, History, Library, Linguistics, Music, Philosophy, Political Sciences, Speech-Language Pathology, Psychology, Social Work, Sociology | Dr. Shelly Connor Dean of Instruction | AV2-105B Phone: 559-675-4834 |
| Licensed Vocational Nursing, LVN to Registered Nursing | Dr. Sonia Duarte Dean of Nursing | AV2-224 Phone: 559-244-2612 |
| Faculty/Staff in the Learning Center, Counseling, Disabled Students Services, Outreach, Student Activities, Health Services, Veterans, and other student service areas | Julie Preston-Smith Dean of Students | AV2-105A Phone: 559-675-4141 |
| Faculty/Staff in the Oakhurst Center and Dual Enrollment | Dr. Darin Soukup Dean of Madera Community College at Oakhurst | Oakhurst Campus Phone: 559-692-5613 |

3. If the student is not satisfied with the outcome at Step 2, the student may request to have the complaint forwarded to the Vice President of Equity and Institutional Effectiveness, Dr. Ray Ramirez, 559-675-4134.



Student Complaint Form

Instructions: Students must use this form to make a complaint regarding a student, faculty member, or staff member at Madera Community College. The student making the complaint **MUST** complete the form.

Name (print): _____ Student ID: _____

Address/City: _____

Telephone: _____ Email: _____

DETAILS OF COMPLAINT

Complaint is against (Name of Respondent): _____

Course (include course and section number) or Service Area: _____

BRIEF STATEMENT OF COMPLAINT

(Include circumstances, dates, times and name of person(s) or witness(es) involved. Who or what the complaint is about? Are any witnesses willing to support your version of what occurred)

STEP 1

EXPLAIN WHAT STEPS YOU HAVE ALREADY TAKEN TO SOLVE THE PROBLEM: (CHECK THOSE THAT APPLY)

- ☐ Talked with Respondent
☐ Other (Explain):

WHAT RESULTS/OUTCOME WOULD YOU FEEL WOULD BE SATISFACTORY TO YOU?

SIGNATURE OF STUDENT

DATE



STEP 2

RESPONDENT RESPONSE:

Name:

Date Responded:

DEAN ACTION/RECOMMENDATION

Name:

Date Responded:

- ☐ Complaint Resolved/Resolution Reached
- ☐ Student Notified – Date Notified:
- ☐ Referred to Vice President (if needed) – Date Referred:

Comments:

STEP 3

VICE PRESIDENT ACTION/RECOMMENDATION

Name:

Date Responded:

- ☐ Complaint Resolved/Resolution Reached
- ☐ Student Notified – Date Notified:
- ☐ Referred to Academic Standards (if needed) – Date Referred:

Comments: