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**- Associated Student Government of Bellevue College -**

**Judicial Oversight Committee Complaint Form**

Please provide detailed and reflective responses to each question below.

Your responses will help us assess our progress and effectively plan for the future.

**Section 1: Complainant Information**

1. **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **BC Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Affiliation** **with ASGBC or Bellevue College** (please select all that apply)
   * BC Student
   * BC Student Employee
   * BC Student Organization Officer
   * ASGBC Officer, Senator, Committee Member, and/or Student-at-Large Representative
   * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Respondent Information**

1. **Respondent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Position** **within ASGBC or BC Student Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Affiliation with ASGBC or BC Student Organization** (please select all that apply):
   * BC Student Organization Officer
   * ASGBC Officer, Senator, Committee Member, and/or Student-at-Large Representative
   * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Nature of the Complaint**

1. **Type of Violation** (please select all that apply):
   * Violation of ASGBC or BC Student Organization Governing Documents (e.g., Constitution, Bylaws, etc.)
   * Misuse of ASGBC or BC Student Organization Funds/Resources
   * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * If the type of violation is related to:
     1. Health and Wellbeing Concerns (Concerns for Someone)
     2. Academic Concerns (Early Alert for Academic Support; Academic Dishonesty and Misconduct)
     3. Behavior Concerns (Disruptive or Worrisome Behaviors; Hate Crime or Bias; Sexual Harassment or Misconduct; Hazing)

Please refrain from completing this form and refer to Bellevue College’s “Report Concerns” link found below:

<https://www.bellevuecollege.edu/about-us/report-concerns/>

1. **Date(s) of Incident(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Location(s) of Incident(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Details of the Complaint**

Please describe the incident(s) in detail. Include specific actions, dates, times, locations, and any other relevant information (attach additional pages if necessary).

**Section 5: Evidence**

List and/or attach any supporting evidence below or alongside this form (e.g., emails, screenshots, photos, witness statements):

**Section 6: Desired Outcome**

What resolution or action are you seeking from the Judicial Oversight Committee?

**Section 7: Declaration and Signature**

I hereby declare that the information I have provided on this form is true, accurate, and complete to the best of my knowledge and belief. I understand that any false statements or omission may result in consequences, including the potential for disciplinary action. I have made every effort to ensure that the details submitted in this form reflect my current situation and are correct in every respect.

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee Use Only**

**Date Received**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Case Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Assigned Reviewer(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_