



READING AREA COMMUNITY COLLEGE  
Academic Affairs Area

***This form is not to be used for complaints involving sexual harassment or any other form of gender discrimination under Title IX. Such misconduct should be reported immediately to the Title IX Coordinator in Room B115 or <https://www.racc.edu/student-life/report-concern-or-incident>***

**-- Student Concerns Involving Faculty --**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

PROCEDURES TO FOLLOW:

1. Set up an appointment to meet with the faculty member to discuss your concern. If you are unable to resolve your concern after meeting with your faculty member, or do not wish to meet with your faculty member, go to step 2.

I have discussed the concern(s) with the faculty member.  Yes  No

If "No," why not? \_\_\_\_\_

\_\_\_\_\_

If "Yes," on what date did this meeting occur? \_\_\_\_\_

How was the concern resolved? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. If you have not been able to resolve your concern after meeting with the faculty member, you need to write a detailed description of your concern and attach that description to this form.

3. Meet with the appropriate Division Associate Dean regarding your concern. Provide a copy of the detailed written description of your concern (referenced in step 2) to the Associate Dean.

I have discussed the concern(s) with the Division Associate Dean.

Yes  No

If "No," why not? \_\_\_\_\_

\_\_\_\_\_

If "Yes," on what date did this meeting occur? \_\_\_\_\_

How was the concern resolved? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once an Associate Dean becomes aware that a student has (or students have) a concern or concerns involving a faculty member, then the Associate Dean will notify—via an oral briefing—the appropriate faculty member about the nature of the concern(s).

4. If your concern has not been resolved after meeting with the Associate Dean, set up an appointment to meet with the Dean of Instruction.

I have discussed the concern(s) with the Dean of Instruction.

Yes  No

If "No," why not? \_\_\_\_\_

\_\_\_\_\_

If "Yes," on what date did this meeting occur? \_\_\_\_\_

How was the concern resolved? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Instruction Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The student may discuss the concern(s) with his/her Academic Advisor and/or a Counselor at any time during the process.

STRK notes entered in Ellucian on \_\_\_\_\_  
Date