

APPENDIX B
COMPLAINT FOR INTERFERENCE WITH
EXPRESSIVE ACTIVITY ON CAMPUS

Complainant Information:

- Printed Full Name: _____
- Contact information: _____
 - Street Address: _____
 - City, State, Zip Code: _____
 - Cell Phone Number: _____

Status of Complainant (check one):

- _____ Student
- _____ Faculty Member
- _____ Employed Staff Member
- _____ Community Member

College location where interference with expressive activity occurred:

- _____ Northeast Lakeview College (NLC)
- _____ Northwest Vista College (NVC)
- _____ Palo Alto College (PAC)
- _____ San Antonio College (SAC)
- _____ St. Philip's College (SPC)

Activity Information:

Date of expressive activity: _____

Were you the one conducting the expressive activity? (Yes/No): _____

Description of Interference:

If you conducted the expressive activity, describe the interference and any harm caused, if any (attach extra pages if necessary):

- _____
- _____
- _____

If you did not conduct the expressive activity, describe how it interfered with your rights and state which right was violated (attach extra pages if necessary):

- _____
- _____
- _____

Harm and Action Taken:

- Describe the harm caused:
 - _____
 - _____
- Was any immediate action taken to mitigate the interference? (Yes/No): ____
 - If yes, please describe the action taken:
 - _____
 - _____

Identification of Interfering Party:

- Can you provide the name of the person(s) who interfered with the expressive activity? (Yes/No): _____.
 - If yes, please provide the name(s) of the person:
 - _____

Signatures:

- Signature of Complainant: _____
- Date Emailed to Vice President for Student Success: _____
- Are you attaching extra pages? (Yes/No): _____

Submission Information:

- Email the completed form to the Vice President for Student Success at the college where the activity was held.