

CCDTC COMPLAINT FORM

NAME OF PERSON(S) ACCUSED IN COMPLAINT:

NATURE OF COMPLAINT: (USE BACK OF PAPER IF NEEDED)

WHAT, IF ANYTHING, HAS BEEN DONE TO RESOLVE THIS ISSUE UP TO THIS POINT?

Date: _____

Signature(s) of person(s) filing complaint:

(THIS SECTION FOR BOARD USE ONLY)

Date complaint received by Corresponding Secretary _____

Complaint Filing Fee Received: ___Y ___N

Date copies of complaint sent to the accused and to each Member of the Board of Trustees _____

Disposition of Complaint:

dissolution of complaint

suspension

memorandum of understanding

recommendation of expulsion

censure

other: (specify)

Date: _____

Signature of CCDTC Board President or Board Representative:
