

**APPENDIX B**  
**COMPLAINT FOR INTERFERENCE WITH**  
**EXPRESSIVE ACTIVITY ON CAMPUS**

Complainant: \_\_\_\_\_  
Printed Full Name

Contact information: \_\_\_\_\_  
Street Address, City, State, Zip Code                      cell number

Status of Complainant:    \_\_\_\_\_ Student  
   \_\_\_\_\_ Faculty Member  
   \_\_\_\_\_ Employed Staff Member  
   \_\_\_\_\_ Other (explain) \_\_\_\_\_

College or campus where interference  
with expressive activity occurred: \_\_\_\_\_

Date of expressive activity: \_\_\_\_\_

If you were conducting the expressive activity, who interfered with your expressive  
activity? \_\_\_\_\_  
Name(s)

Describe the interference and harm caused, if any, and state the remedy desired: (attach  
extra pages if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were not conducting the expressive activity, how did the expressive activity interfere  
with your rights? (describe the interference, state the right violated, names of the  
person(s) who interfered with your rights, & remedy desired) (attach extra pages if  
necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant    Date submitted to VPSS

Are you attaching extra pages: \_\_\_ Yes \_\_\_ No  
Sign, date and number all extra pages attached.