

**CONFIDENTIAL
FORMAL DISCRIMINATION COMPLAINT
GRIEVANCE FORM**

Date _____

Grievant's Name _____ Position/Dept. _____

Grievant's Address _____

Grievant's Home Telephone # _____ Campus Ext. _____

Type of alleged discrimination:

Race/Color	_____	Disability	_____	Sexual Orientation	_____
Religion	_____	Sex	_____	Marital Status	_____
Age	_____	National Origin	_____	Veteran Status	_____
Carrier Status	_____	Harassment	_____	Career/family	_____
Bullying	_____	Gender Identity	_____	Gender Expression	_____

Other (please specify) _____

Date(s) on which alleged complaint occurred: _____

Summary of alleged complaint:

If others are affected by the possible violations, please list their names and positions:

Person(s) who allegedly discriminated against you:

Name _____

Title _____ Dept. _____ Campus Ext. _____

What action, if any, has been taken:

Have you filed a complaint/grievance with any other outside organization? _____

If yes, with who: _____

(If additional space is needed, please attach additional sheets.)

Have you discussed your complaint with someone on campus? If so, please advise:

Name

Title

Campus Ext.

Signature of Grievant

Date

Signature of Person Receiving Grievance

Date