



EQUAL EDUCATIONAL OPPORTUNITIES

GRIEVANCE FORM

1-201.A

Name

Date

Address

Telephone

Another phone where you can be reached

During the hours of

E-mail address

I wish to complain against:

Name of person, school (department), program, or activity

Specify the problem or action alleged to be discriminatory. Describe the incident, the participants, the background to the incident.

If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

The Proposed Remedy

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Grievant