

GRIEVANCE COMPLAINT FORM

Name of Complainant _____	
Department _____	
Phone Number _____	Email _____
Status of Complainant ☐ Staff ☐ Faculty ☐ Student ☐ Other: _____	
Basis of Complaint: ☐ Race ☐ Religion ☐ Color ☐ National Origin ☐ Ancestry ☐ Age ☐ Sex/Gender ☐ Sexual Orientation ☐ Gender Identity and Expression ☐ Disability ☐ Genetic Information ☐ Atypical Hereditary Cellular or Blood Trait ☐ Marital Status ☐ Domestic Partnership Status and Civil Union Status ☐ Veteran Status ☐ Military Service ☐ Retaliation	

Name of Respondent(s) _____	
Department _____	
Status of Respondent(s) ☐ Staff ☐ Faculty ☐ Student ☐ Other: _____	
Relationship of Respondent(s) to Complainant ☐ Coworker ☐ Supervisor ☐ Faculty ☐ Student ☐ Client/Customer ☐ Other: _____	

Describe specific act(s) alleged with name(s), date(s), time(s) and location(s) if possible.
If additional space is needed, use reverse side of paper or attach additional sheet(s)

Grievance Complaint Form - Page 2

Has anyone witnessed the alleged behavior? ☐ Yes ☐ No

If yes, please list names and contact information:

Did you take any action to stop the alleged behavior? ☐ Yes ☐ No

If yes, please summarize the action taken:

How would you like to see the situation resolved?

Additional information or comments:

I am aware that there are additional steps to the grievance policy that can be taken if the resolution reached is unsatisfactory. I affirm that I have not knowingly misstated any material fact in this grievance.

Signed: _____ Dated: ____/____/____