

AFFIRMATIVE ACTION OFFICE GRIEVANCE FORM

Name of Grievant _____

Date of Filing _____

School/Department/Position _____

Address _____

Telephone Number () _____

The above-named complainant(s) alleges discrimination on the following grounds:

____ Race ____ Color ____ Religion ____ Sex ____ Age
____ National Origin ____ Handicap ____ Other

To Whom Grievance is Directed _____

Nature of Grievance _____

Names and Addresses of Others Involved in the Grievance and the Nature of Their Involvement _____

Signature of Grievant
Date

Person Receiving Grievance
Date