

Discrimination Complaint Grievance Report

Personal Information

Name:

Contact Information (Phone/Email):

Department/Unit/Organization:

Date of Report:

Details of Complaint

Date(s) of Incident(s):

Location(s) of Incident(s):

Person(s) Involved (Respondent):

Description of Incident(s):

Type of Discrimination (Race, Gender, Disability, etc.):

Witness(es) (if any)

Name(s) and Contact Information:

Actions Taken (if any)

Describe any steps taken to resolve the issue prior to this report:

Supporting Documentation

List attached evidence (emails, messages, photos, etc.):

Desired Outcome/Resolution

Please state the resolution you seek:

Signature: _____

Date: _____