

Discrimination Complaint Grievance Form

Complainant Information

Full Name

Date

Contact Information (Email or Phone)

Department/Unit (if applicable)

Complaint Details

Type of Discrimination (Select all that apply)

Race

Color

National Origin

Sex/Gender

Sexual Orientation

Age

Disability

Religion

Other

Name of Person(s) / Department(s) the Complaint is Against

Date(s) of Incident(s)

e.g. 2024-03-15 or date range

Description of Incident(s) (Describe in detail what happened)

Witnesses (Names and Contact Info, if any)

Have you reported this before? If so, to whom and when?

Resolution Sought

What resolution or outcome are you seeking?