

Discrimination Complaint Grievance Form

Complainant Information

Full Name

Date

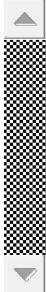
Contact Information (Email or Phone)

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?