

Equal Opportunity Complaint Filing Form

Part I

Your name: _____
(Complainant)

Are you: Student Employee

Your Position: _____

Place where you may be reached: _____

Address: _____

Telephone #: _____

Nature of your complaint. Please describe the policy or action you believe to be in violation of the Equal Opportunity Policy or the policy or action which is discrimination. If additional response is needed please attach your statement to this form.

If others are affected by this possible violation, please give their name(s) and position(s).

1. _____

2. _____

3. _____

Please list the name(s) of any person(s) who witnessed and/or who can corroborate the information supplied by you.

1. _____

2. _____

3. _____

4. _____

What resolution are you seeking?

Signature of Complainant: _____ Date: _____

Part II

Respondent name: _____

Address: _____

Telephone #: _____

Respondent response: Please respond to the allegations contain in **Part I**. If additional space is needed, please attach your statement to this sheet.

Please list name(s) of person(s) who witnessed and/or can corroborate the information supplied by you.

1. _____

2. _____

3. _____

Signature of Respondent: _____ Date: _____

Part III

Resolution:

Director of Institutional
Diversity's Signature: _____ Date: _____

Grievant: Please check below all that apply.

- I accept this resolution.
- I am not satisfied with the resolution.
- I wish to appeal this decision.

Signature of Complainant: _____ Date: _____

Respondent: Please check below all that apply.

- I accept this resolution.
- I do not accept this resolution.
- I wish to appeal this decision.

Signature of Respondent: _____ Date: _____