

**EQUAL EDUCATIONAL OPPORTUNITIES GRIEVANCE PROCEDURE FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPLAINT CLAIMS DISCRIMINATION BASED ON:

|                       |                          |
|-----------------------|--------------------------|
| AGE _____             | SEX _____                |
| RACE _____            | SEXUAL ORIENTATION _____ |
| COLOR _____           | VETERAN STATUS _____     |
| RELIGION _____        | PREGNANCY _____          |
| NATIONAL ORIGIN _____ | DISABILITY _____         |
| MARITAL STATUS _____  | GENDER IDENTITY _____    |

PHONE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ LOCATION(S) \_\_\_\_\_

\_\_\_\_\_  
Please describe in full detail, the nature of your complaint. Include the names of persons involved, if any. (Use additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature \_\_\_\_\_

Date Grievance Was Filed \_\_\_\_\_

\_\_\_\_\_  
Signature of Civil Rights Compliance Officer/Title IX Coordinator  
(Curriculum Director)

DATE