

**AFFIRMATIVE ACTION & DIVERSITY  
EMPLOYEE INFORMAL COMPLAINT/GRIEVANCE FORM**

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Place where you can be reached: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please mark appropriate response and complete the information requested:**

Faculty                      Position/Department: \_\_\_\_\_

Academic Staff              Position/Unit: \_\_\_\_\_

Classified Staff              Position/Unit or Dept: \_\_\_\_\_

Other                              Specify: \_\_\_\_\_

**Please indicate the nature of your complaint/grievance** (Check all those that apply):

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Race or Color   | <input type="checkbox"/> Creed or Religion  | <input type="checkbox"/> Sex/Gender   |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability         | <input type="checkbox"/> Ancestry     |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Pregnancy    |
| <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Parental Status    | <input type="checkbox"/> Other: _____ |

**Summary of alleged complaint** (UW-L's Sexual Harassment or Racial Harassment policies may also apply):

1. Dates on which alleged complaint(s) occurred: \_\_\_\_\_

2. List any possible witnesses:

**Action:**

What action, if any has been taken so far?

What corrective action do you suggest we take at this time?

Have you filed a complaint/grievance with any other agency? If yes, with whom?

**Your Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

(If additional writing space is needed, you may attach additional sheets to this form.)

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\_\_\_\_\_  
Signed/Received By AA&D Office

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Informal Investigation Authorized

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Results:

Formal Hearing Authorized

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Results: