

## AFFIRMATIVE ACTION OFFICE STUDENT INFORMAL COMPLAINT/GRIEVANCE FORM

I. Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

Are you a currently registered student at UWL?

- Yes
- No

What is your year in school? \_\_\_\_\_

II. Type of alleged discrimination (Check 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: _____ |

III. Summary of alleged complaint (UW-L's Sexual Harassment or Racial Harassment Policies may also apply):

1. Dates in which alleged complain(s) occurred:

2. List any possible witnesses:

IV. What action, if any, has been taken so far?

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

VI. 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)

Received by Affirmative Action Office:

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

Time: \_\_\_\_:\_\_\_\_ a.m./p.m.

Signature: \_\_\_\_\_

Informal Investigation Authorized

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

Summary of Results:

Formal Hearing Authorized

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

Summary of Results:

Return form to: Carmen Wilson, Ph.D.  
Office of Affirmative Action  
132 Graff Main Hall