

**AFFIRMATIVE ACTION
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.)

Signed/Received By AA Office

____/____/____
Date

Informal Investigation Authorized

Signature of Complainant: _____ Date: _____

Summary of Results:

Formal Hearing Authorized

Signature of Complainant: _____ Date: _____

Summary of Results: