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):
☐ Race or Color    ☐ Creed or Religion    ☐ Sex/Gender
☐ National Origin  ☐ Disability        ☐ Ancestry
☐ Age            ☐ Sexual Orientation  ☐ Pregnancy
☐ Marital Status  ☐ Parental Status   ☐ 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: Nizam Arain
Office of Affirmative Action
131 Graff Main Hall