

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: Nizam Arain
Office of Affirmative Action
131 Graff Main Hall