

**GRIEVANCE COMPLAINT FORM
FOR COMPLAINTS OF DISCRIMINATION**

NAME: _____

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

When is a convenient time during business hours (8 am to 5 pm) to contact you by phone about this complaint?

Day: Monday Tuesday Wednesday Thursday Friday

Work Phone Number: _____ **Best Time to Call:** _____

Please provide the name and address of the person or organization involved:

Name: _____

Address: _____

Explain as briefly and clearly as possible what happened. Please give the name and contact information for any person that witnessed the events you described above. Also attach any written material that relates to the events you are describing.

Date of occurrence: _____

Please explain the remedy that you are seeking.

Place initials as appropriate:

I give permission for my identity to be divulged if necessary for the purpose of gathering information in order to bring resolution to this complaint.

I do not want my identity revealed.

Signature: _____ Date: _____

You must sign this form for your complaint to be processed.