

DISCRIMINATION GRIEVANCE HEARING REQUEST FORM

Name _____ Date _____

Local or
Campus Address _____ Phone _____

Status: Student _____ Classified Personnel _____ Unclassified Personnel _____

Department or College _____

Summary of Efforts to Solve Grievance _____

Nature of Grievance (Indicate here the exact nature of your grievance, giving specific information, exact description and dates of situations cited, names and positions of all persons involved. Use additional sheets if more space is necessary):

I hereby request a hearing before the Discrimination Grievance Committee.

Signature

Date

Equal Opportunity Officer

Date Request Received