

AFFIRMATIVE ACTION NOTICE OF GRIEVANCE FORM

File the original and three copies of this form with your written grievance attached. The written grievance must contain:

1. A description of the facts and circumstances of the alleged discrimination,
2. Acts or omissions complained of and dates on which they occurred;
3. Names of witnesses, if any, who may have information pertaining to the grievance and a description of the information each witness is believed to possess; and
4. The institutional policies allegedly violated.

Failure to provide any of the requested information may result in dismissal of the grievance. The Respondent will receive a copy of your grievance.

Part A - to be fully completed by the Grievant.

Name(s) of Grievant(s):

Date:

Department/Division:

College:

Address to which mailing pertaining to this grievance shall be sent:

Provision(s) of Handbook or college policies/procedures alleged to have been violated (state section, paragraph, and page):

Summary of Grievance:

Date of alleged discrimination:

Respondent(s):

Remedy sought:

Signature of grievant(s)

Printed or typed name of grievant(s)

Part B - to be completed by the Affirmative Action Coordinator

This grievance was filed on _____ (date)

_____ A statement of good cause for untimely filing is required.

_____ If required, the statement is attached.

_____ Part A is fully completed.

_____ A written grievance is attached.

Signature of person receiving
Notice of Grievance

Printed or typed name of person
receiving Notice of Grievance