

**EQUAL EDUCATIONAL OPPORTUNITIES GRIEVANCE PROCEDURE FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPLAINT CLAIMS DISCRIMINATION BASED ON: RACE \_\_\_\_\_  
SEX \_\_\_\_\_  
AGE \_\_\_\_\_  
NATIONAL ORIGIN \_\_\_\_\_  
HANDICAP \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ LOCATION(S) \_\_\_\_\_

\_\_\_\_\_  
Please describe in full detail, the nature of your complaint. Include the names of persons involved, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature \_\_\_\_\_

Date Grievance Was Filed \_\_\_\_\_

Signature of Civil Rights Compliance Officer/Title IX Coordinator