



**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 UW-Superior?

- 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-Superior's Sexual Harassment Policy may also apply):

1. Dates on which alleged complaint(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: ____:____ am/pm

Signature: _____

Informal Investigation Authorized

Signature of Complainant: _____ Date: _____

Summary of Results:

Formal Hearing Authorized

Signature of Complainant: _____ Date: _____

Summary of Results:

Return form to:

Peggy Fecker, Old Main 201
Affirmative Action Officer