**GRIEVANCE COMPLAINT FORM**

**FOR COMPLAINTS OF DISCRIMINATION**

**NAME:**

**Mailing Address:**

**Home Phone: Cell Phone:**

**E-Mail Address:**

**When is it 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.**