

Cayuga Community College

**DISCRIMINATION GRIEVANCE FORM**

<b>Date Received :</b>  <b>Office Use Only</b>
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This form is to be used for filing a complaint alleging discrimination on the basis of age, ancestry, color, disability, national origin, race, religious creed, gender, sexual orientation, or veteran status.

Please respond to each of the following items:

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Address                      City                      State                      Zip Code

3. Telephone Number(s) Include Area Code: \_\_\_\_\_

4. Student ID Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. What is the specific incident(s) that has caused you to file a discrimination grievance? Please describe in detail information including persons involved, dates, places, witnesses and if applicable any college activity (ies) involved.

7. Date(s) when alleged incident (s) first occurred:

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Month

Day

Year

8. Did you attempt to resolve the complaint by contacting the individual(s) against whom the grievance is directed?

Describe the steps taken to resolve the complaint and the result of those steps. Include persons involved, times, dates, places and witnesses.

I understand that submission of this form grants the Affirmative Action Officer my permission to conduct a full investigation of the above complaint. This investigation may involve review of confidential documents and interviews with relevant persons, including college employees and other witnesses.

\_\_\_\_\_ Signature

\_\_\_\_\_ Witness

\_\_\_\_\_ Date