SE Office of Compliance and Safety

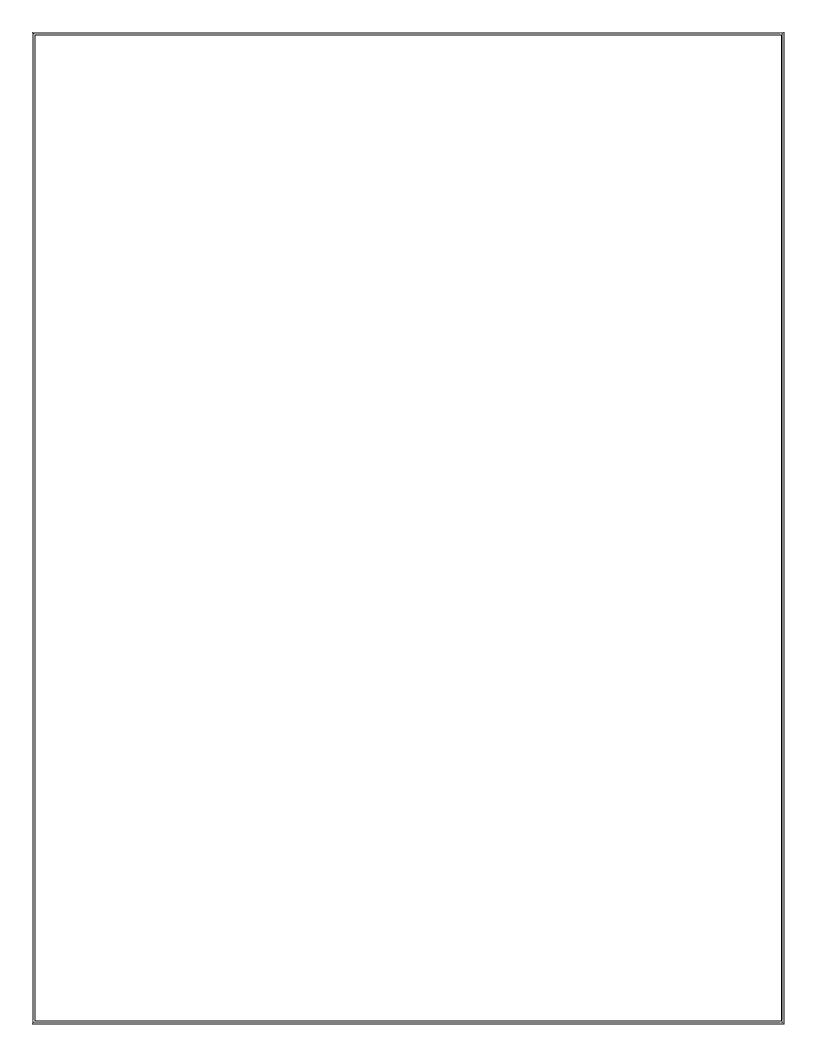
Administration Building, Suite A311 (580) 745-3090

Grievance Form

This information will be used to determine whether Southeastern Oklahoma State University's nondiscrimination policy has been violated. The information will be considered in the investigation of any equity complaint. Please make sure the information is accurate and complete. University policy prohibits anyone from retaliating against you for filing this complaint or for participating in an investigation. You should report any concerns about retaliation to the Office of Compliance and Safety immediately.

SECTION 1: GRIEVANT CONTACT INFORMATION: Grievant Status (Check all that apply): ☐ Student ☐ Faculty ☐ Staff ☐ Visitor ☐ Alumni ☐ Former ☐ Current Name: ______ Phone Number: _____ Email: ______ Address (city, State, Zip Code): _____ Department: ______ Title: _____ **SECTION 2: WHO IS THE GRIEVANCE AGAINST?** Status (Check all that apply): ☐ Former ☐ Current ☐ Student ☐ Faculty ☐ Staff ☐ Visitor ☐ Alumni Name: ______ Phone Number: _____ Email: Address (city, State, Zip Code): _____ Department: ______ Title: _____ SECTION 3: NATURE OF ALLEGED VIOLATION OF UNIVERSITY NON-DISCRIMINATION POLICY: Please select the category of complaint (check all that apply): Retaliation Discrimination Harassment

| | Color Disability C | Gender Identity | ☐ National Origin | П |
|----------------|---|---|--------------------|-----------------------|
| Religion | | | | ш касе |
| | Sex Sexual Harassment | $\operatorname{\gimel}$ Sexual orientat | ion Sexual violenc | e Veteran status |
| SECTION 4: WRI | TEN STATEMENT | | | |
| | on that you believe to be discrirnd any other names of witnesse | | | Please include dates, |
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1405. N. 4th Ave. PMB 2750 Durant, OK 74701

Please contact the office of Compliance and Safety to confirm receipt of your grievance.