SE Office of Compliance and Safety Administration Building, Suite A311 (580) 745-3090

Grievance Form

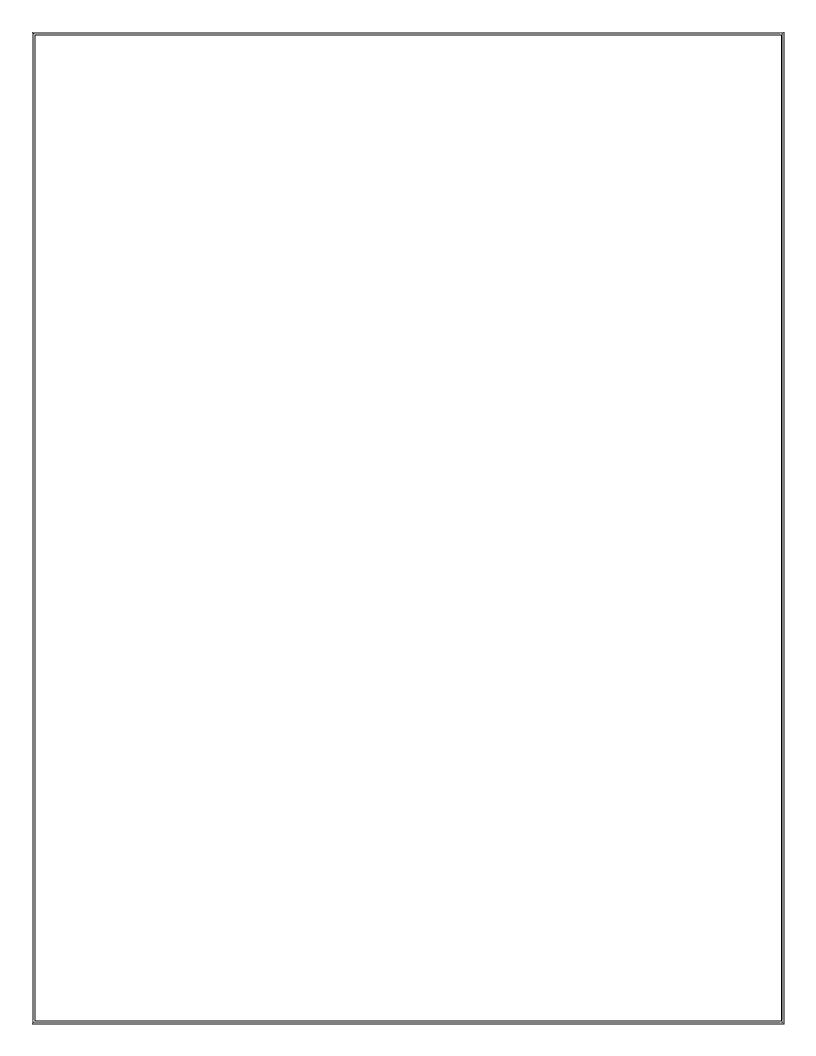
This information will be used to determine whether Southeastern Oklahoma State University's nondiscrimination policy has been violated. The information will be considered in the investigation of any equity complaint. Please make sure the information is accurate and complete. University policy prohibits 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	lumni	Grower Current
Name:	Phone Number:	
Email:		
Address (city, State, Zip Code):		
Department: Title:		
SECTION 2: WHO IS THE GRIEVANCE AGAINST?		
Status (Check all that apply):		
Student Faculty Staff Visitor	lumni	Grormer Current
Name:	Phone Number:	
Email:		
Address (city, State, Zip Code):		
Department: Title: _		
SECTION 3: NATURE OF ALLEGED VIOLATION OF U	INIVERSITY NON-DISCI	RIMINATION POLICY:
Please select the category of complaint (check all t	hat apply):	
Discrimination] Harassment [Retaliation

lease select the type of gr	evance (check all that apply):
Age Color	Disability Gender Identity National Origin Race
☐ Religion ☐ Sex ☐	Sexual Harassment \square Sexual orientation \square Sexual violence \square Veteran status
ECTION 4: WRITTEN STAT	EMENT u believe to be discriminatory, harassing and/or retaliatory. Please include dates,
	er names of witnesses that may have been present.



SIgnature: _____

Date:_____

Please submit this form to the Office of Compliance and Safety

Administration Building, Suite A311 (580) 745-3090

> 1405. N. 4th Ave. PMB 2750 Durant, OK 74701

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