



Office of Institutional Equity Grievance Form

Your Name

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First Name

Last Name

Your Street Address

City

State

Zip Code

Your Email Address

Your Preferred Contact Number

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Your Affiliation with CSN

Student	Student Worker	Faculty	Staff	Other(Specify):
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Department or Agency that directly caused the grievance

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Respondent Name (the person who caused the grievance)

Affiliation

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Department

Office or Cell Phone Number (Optional)

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Cause of Grievance based on:

- Sexual Harassment
- Racial Discrimination
- Color Discrimination
- Sex (Gender) Discrimination
- Religious Discrimination
- National Origin Discrimination
- Age Discrimination
- Disability Discrimination
- Retaliation
- Other (Specify)

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Were there any witnesses to this particular grievance?

Yes

No

If yes, please provide their name, their affiliation to you, and their phone number or email:

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Date of incident

Earliest	
Latest	
Continuing Action	

Describe the details of this claim. Please provide the location(s), date(s), and time(s) of each occurrence:

Remedy or Corrective Actions:

Charging Person's (Your) Signature:

Date Filing Complaint:

Title IX Coordinator's Signature (If Applicable): _____

By submitting this form, you certify the information provided is true and factual to the best of your knowledge. The information you provided will be sent to CSN's Office of Institutional Equity (OIE). Once received, the OIE will contact you regarding your submission. For more information, contact the OIE by phone at 702-651-5587 or email: titleixcoordinator@csn.edu. CSN is an Equal Employment Opportunity/Affirmative Action institution. For more information, visit: www.csn.edu/eoaa-institution