

University of Central Florida
Discrimination Grievance Record
Office of Equal Opportunity and Affirmative Action Programs

Ms/Mr/Dr Complainant's Name _____
Please circle one

Work Phone _____ **Home Phone** _____

Street Address _____

City _____ **State** _____ **Zip** _____

Email, if acceptable for communication _____

Basis of Complaint (Check all that Apply): Discrimination on the basis of:

_____ Race (Including Racial Harassment) _____ Marital or Parental Status _____ Disability
_____ Sex (Including Sexual Harassment) _____ Sexual Orientation _____ Age
_____ National Origin _____ Veteran's Status _____ Religion

Complainant is a(n) (Check one)

_____ UCF Student _____ Applicant for UCF Enrollment
_____ UCF Employee _____ Applicant for UCF Employment
_____ Visitor to Campus/Customer of UCF

Steps to File a Discrimination Grievance:

1. Complete this form in full.
2. Include a written, signed statement describing the alleged discrimination. Include name(s), date(s), incidents. State whether any attempts to resolve the issue have occurred, such as meetings, grievance filings, complaints to state or federal agencies. Name possible witnesses.
3. Specify the remedy requested of the University.
4. Transmit to UCF EO Office, Millican Hall 330, University of Central Florida, Orlando, FL 32816-0030, email: eeo@mail.ucf.edu.

Grievant's Signature

Date

EO Reviewer's Signature

Date of Review

Accommodation in this process provided upon request