

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

(Please select one) ___ Ms. ___ Mr. ___ Dr. Grievant's Name _____

Work Phone _____ Home Phone _____

Contact Address _____

City _____ State _____ Zip _____

Email, if acceptable for communication _____

Basis of grievance (check all that apply):

Discrimination on the basis of:	
Race	Age
Color	Disability
Religion	Marital Status
Sex (including pregnancy discrimination)	Sexual Orientation
Gender Identity	Gender Expression
National Origin	Veteran Status (as protected under the Vietnam Era Veterans' Readjustment Assistance Act)
Harassment on the basis of:	
Race	Age
Color	Disability
Religion	Marital Status
Sex	Sexual Orientation
Gender Identity	Gender Expression
National Origin	Veteran Status (as protected under the Vietnam Era Veterans' Readjustment Assistance Act)
Retaliation	
<p>NOTE: If retaliation is checked, date on which original complaint of discrimination was filed <u>must</u> be filled in: (dd/mm/yy) _____</p>	

Grievant's status:

Steps to File a Discrimination Grievance:

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

EO/AA Reviewer's Signature/Date

Accommodation in this process provided upon request