AMERICAN UNIVERSITY OF HEALTH SCIENCES
STUDENT GRIEVANCE FORM FOR CLAIMS OF DISCRIMINATION, HARASSMENT, AND RETALIATION

Instructions: In order to properly investigate your complaint, please complete this form as fully and as accurately as possible. You may include additional pages if necessary. Please print clearly or type your responses.

Date: _____

Name: _____

Student ID #:_____

Address:_____
_

Phone #:_____Email:_____

Best Time to Contact You:
_____

Date of Incident(s):
_____

Person(s) Engaged in Alleged Discriminatory, Harassing, or Retaliatory Action(s):

_____

_____

__

Description of Event(s): (Please be as detailed as possible. Include dates, times, locations, witnesses, and any other information that you believe is helpful for evaluation of your claim. Use additional pages if necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

What is the reason you believe the person(s) engaged in the above described behavior? (Check all that apply)

	Race		Religious Creed		Color		National Origin		Ancestry
	Physical Disability		Mental Disability		Medical Condition		Genetic Information		Marital Status
	Sex		Pregnancy		Gender		Gender Identity		Gender Expression
	Age		Sexual Orientation		AIDS/HIV		Military or Veteran Status		Association with a person or group with 1 or more of these categories
	Other: (please list):								

Please provide contact information for all witnesses that you are aware of: (Use additional sheets if necessary.)

Name:

_____

Contact

Information:_____

What do you believe this person witnessed?

_____

_____

Name: _____

Contact Information:_____

What do you believe this person witnessed?

_____

_____

Did you make an attempt at an informal resolution before bringing this complaint?

____ Yes _____No

If yes, please state what you did.

_____

_____

_____

How would you like to see this matter resolved? (Please note that this is not a guarantee or warranty of any type as to how the matter will be resolved.)

_____

_____

_____

I certify that the above information is accurate to the best of my knowledge. I also certify that this complaint is not being made for an improper person.

Signed: _____

Print Name: _____

Date: _____