

UMPQUA COMMUNITY COLLEGE
DISCRIMINATION ON THE BASIS OF SEX AND/OR DISABILITY
GRIEVANCE FORM

(Please print legibly or type; return completed form to the Vice President for Student Development)

Name: _____ Student ID number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

1. Please describe the alleged discrimination; be sure to include name(s), date(s) of occurrence(s) and place(s) of occurrence(s): (If more room is needed, attach additional pages.)

2. What is the resolution that you seek?

3. Was an informal resolution attempted among the involved parties?
Yes. Please provide a short statement of the steps utilized and the resolution reached. (If more room is needed, attach additional pages.)

No. Please explain why such an attempt was not made. (If more room is needed, attach additional pages.)

4. Attach any materials relevant for review of the allegation.

My signature indicates that the information I have submitted is true to the best of my knowledge.

Signature of student

Date

Office Use Only: Date form received: _____ By: _____