



Office of Institutional Equity
Discrimination Grievance Intake Form

Report Type

Formal

Informal

Inquiry/Information Only

Grievant Title

Ms.

Mr.

Dr.

Grievant Name

UCF ID

Sex

Female

Male

Other

Status

UCF Staff

Visitor/Invitee

UCF Graduate Student

UCF Applicant

UCF Undergraduate Student

UCF Faculty

UCF Student First Year

UCF Student Employee

Other

College/Division

Department

Job Title

Phone (work or cell)

Contact Address

City

State

ZIP

Email (if acceptable for communication)

Respondent Title

Ms. Mr. Dr.

Respondent Name

UCF ID

Sex

Female Male Trans
Other

Status

UCF Staff UCF Faculty
Visitor/Invitee UCF Student First Year
UCF Graduate Student UCF Undergraduate Student
Applicant Other

College/Division

Department

Job Title

Phone (work or cell)

Contact Address

City

State

ZIP

Email (if acceptable for communication)

Date of Harm**Grievance Basis** (why you believe Respondent discriminated against you)

Select up to three applicable bases, note any additional bases in comment section below

Age	Color	Race/Ethnicity
Religion	National Origin	Marital Status
Sex/Pregnancy	Sexual Harassment	Sexual Orientation
Gender Identity	Veteran Status	Retaliation
Gender Expression	Disability	

NOTE: If retaliation is checked, date of either (1) prior report or complaint of discrimination or (2) prior participation in a discrimination investigation must be filled in: (dd/mm/yy) (3) to whom did you complain? What was done?

Grievance Basis Comment (optional)**What happened to you that was discriminatory?** (please select all that apply)

Discipline	Dismissal
Suspension	Demotion
Termination	Failure to Hire
Failure to Promote	Failure to Accommodate
Denial of Tenure	Reduction in Force
Expulsion	Recruitment and Selection
Performance Appraisal	Hostile Work Environment
Equal Pay	Terms and Conditions (hours, location)
Other	

Describe in the text box below or attach a written, signed statement describing the alleged discrimination/retaliation or arrange alternate communication with an OIE representative. Include name(s), date(s), and details of incident. 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. Names of individuals treated more favorably than you. Provide information related to their protected class (e.g. if you are alleging race discrimination, what is the person's race?)

Statement

What are you seeking as a resolution to this complaint?

By my signature below, I am affirming that:

1. All statements made above are true and correct to the best of my knowledge.
2. I have the right to file a complaint with external government agencies. I understand that there are time deadlines for these complaint processes which are not extended by OIE's investigation.
3. I understand that if I submit an informal or formal grievance, my allegations and the information collected in the investigation may be disclosed as necessary throughout the investigation and may eventually become a public record under "Florida's public records law."

Signature of Grievant

Date

*Email form/documents to oiel@ucf.edu. Alternatively, fax to (407)882-9009, or transmit to UCF OIE Office, University of Central Florida, 12692 Gemini Blvd. S., Suite 123 (Building 38), Orlando, FL 32816-0030. **Accommodation in this process provided upon request to the OIE Representative**

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For OIE office use only case #

Case Assigned to:

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UCF OIE 2/17, 5/17