

UNIVERSITY of
NORTHERN COLORADO



Student Senate

GRIEVANCE / COMPLAINT FORM

Name:

Telephone:

E-mail address:

Student ☐

Faculty ☐

Staff ☐

Please list the person/s, organization, with whom/which you are grieving:

Name:	Telephone:
Name:	Telephone:
Name:	Telephone:
Name:	Telephone:
Name:	Telephone:

Date Grievance Occurred:

On a separate sheet of paper, please include your statement, and how you would like to see your grievance resolved.

The statement may include: facts supporting grievance, names of those involved (e.g. witnesses) date(s) and time(s) of event(s), names of those you have approached concerning this event(s), the effect this grievance has had upon your and/or copies of any documents relating to grievance (e.g. witness statements) etc.

By signing below, you are agreeing to the following:

- I have the right to be free of retaliation for filing this complaint. I agree to report any conduct which I believe is motivated by retaliation for filing this complaint.
- I understand that if this statement contains accusations that I know are false, I may be subject to disciplinary actions by: the University, individuals within the University and/or external legal action from those I falsely accuse.
- I understand that the Student Senate Student Rights Advocate is not an advocate for either the grieving or responding parties. The role of the Student rights Advocate is to investigate grievances from an unbiased (neutral) position in order to determine whether violations of Equal Opportunity laws and policies have occurred.
- I verify that this statement is true and accurate to the best of my knowledge and belief.

Signature:	Date:
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Please return this form to the Student Activities Office or directly to the Student Rights Advocate in UC Room 2115. This form will be kept in strict confidence.

Office Use Only-	Received	Student Rights Advocate Signature:
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