

**University of Wisconsin-Stout
Equal Opportunity/Affirmative Action Office
Complaint Form**

Classified Unclassified
Classified – not represented Student

Name Telephone

Title Department/Unit

Type of alleged discrimination:

Race or color Religion Age
National origin Disability Gender
Other (please specify) _____

Description of Complaint: State time, place, names, etc. Attach documents. Failure to provide specific information may delay processing of your complaint.

Relief Sought:

Action Taken: (for example, discussion with union representative or supervisor; filing a complaint or grievance with another agency; other)

Signature of Complainant

Date