Prairie View A&M University
Student Grievance - Discrimination

To:  □ ADA Coordinator  □ Title IX Coordinator

________________________________               ______________________________
Signature                                                             Date Received

STATEMENT OF GRIEVANCE

Please state the details of your grievance, including the dates of the occurrence of any acts which are
the subject to your complaint. Then state how you wish this compliant to be resolved. Attach
additional pages if more space is needed.

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__________________________________                                       ___________________________
Signature of Student                                                                                         Date
Prairie View A&M University
Office of Equal Opportunity and Affirmative Action

Complaint Form

Prairie View A&M University is committed to the prompt resolution of complaints in a manner consistent with university policies and procedures. This form is to be used to ensure that the necessary steps for reaching a resolution are completed. Please feel free to attach additional sheets of information that you feel are relevant and/or necessary. The Equal Opportunity Officer will assist you in completing this form if you wish.

Complainant
Name:________________________________________________________________________
Student:________Classification:________ Major:________ Work-Study___ Yes___ No
Employee:____ Title:_________________ Department:_____________ Supervisor:____________
Where do you prefer to be contacted? Work______ Home:______ Work Number:_____________
Home Number:_______________ Address:___________________________________________

Were you discriminated against with regard to your rights in:
Employment:_________ Education:_________ Retaliation:__________________________

Were you discriminated against because of your:
Race:______ Color:______ National Origin:_______ Age:_______
Religion:______ Sex (Gender):_______ Disability:_______ Veteran Status:___________
Sexual Harassment:_______

Who discriminated against you? (The individual(s) who the complaint is against)
Name:________________________________________________________________________
Student:______ Employee:_______ Both:_______ Department:________________________
Work Number:______________________Home Number: ____________________________
Address:_______________________________________________________________________

When? (Time Limit is within last 30 days)
Date first incident took place:_____________ Date of most recent incident:_____________

Where?
Where did these incidents occur?________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Witnesses: List any witnesses to the incidents. This is not a requirement for a complaint to be investigated, but could help substantiate your complaint. Add extra pages, if necessary. On a second sheet, please explain what you think each witness will be able to tell us.)

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<th>Name</th>
<th>Job Title</th>
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With whom have you discussed the incidents? List anyone with whom you have discussed it, both individuals inside PVAMU and outside. Include any supervisors, managers and fellow employees, as well as anyone outside the University with whom you have discussed your concerns.

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Who have you contacted for help regarding this complaint?

Name: _______________________ Title: _______________________ Date:________________

Name: _______________________ Title: _______________________ Date:_________________

Statement of events provided by Complainant:
Please provide a detailed statement of the events, including dates, places and names of witnesses. Please attach additional sheets if you need more space.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the injury or harm you suffered because of the alleged discrimination:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Remedies sought by Complainant:
What would you like the University to do as a result of your complaint – what remedy are you seeking?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Complaint Acknowledgement:
I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances occurred as I have described them.

I acknowledge that I have been provided a copy of the University’s policy relating to this complaint.

I understand, acknowledge and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I am willing to cooperate fully in the investigation and provide relevant evidence.

I understand that the nature of this complaint, correspondence and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

___________________________________________________________
Signature of Complainant     Date