

UNIVERSITY OF NORTHERN COLORADO

DISCRIMINATION COMPLAINT

The University of Northern Colorado is committed to providing a work and academic environment for employees and students free from all forms of discrimination based on the protected categories. Conduct that constitutes discrimination shall be considered to be a violation of university policy. Members of the university community are encouraged to promptly report complaints alleging discrimination.

Discrimination complaints shall be filed with the AA/EEO, Title IX Officer, Marshall Parks, **within 60 days** from the date upon which the action took place **or** when the grievant had knowledge of the alleged discriminatory act. The AA/EEO, Title IX Officer is located at the University of Northern Colorado, Human Resource Services Department, Carter Hall, Room 2002, Campus Box 54, Greeley, Colorado, 80639.

Claims of Discrimination in Employment may include complaints of discrimination based on:

Executive Order 11246, as amended by Executive Orders 11375 and 11478; The Equal Pay Act of 1963; Titles VI and VII of the Civil Rights Act of 1964, as amended; The Age Discrimination in Employment Act (ADEA) of 1967; Title IX of the Higher Education Amendments of 1972; Sections 503 and 504 of the Rehabilitation Act of 1973; The Vietnam Era Veterans' Readjustment Assistance Act of 1974; The Civil Rights Restoration Act of 1988; The Americans with Disabilities Act (ADA) of 1990; The Civil Rights Act of 1991; and other federal, state, local laws and university policies and regulations.

Filing of false or malicious complaints may result in sanctions imposed against the grievant.

Complete the following information. Print Clearly or Type

Your Name: _____

Street Address: _____

City/State/Zip _____

Home
Phone: _____
Work
Phone: _____
Work
Department: _____

State the name of the person(s) you allege discriminated against you:

I believe I was (or continue to be) discriminated against because of my:

Bases:

- ____ Race
- ____ Color
- ____ Religion
- ____ Gender
- ____ Sexual Orientation
- ____ National Origin

- ____ Disability
- ____ Disabled Veteran
- ____ Vietnam Era Veteran
- ____ Other Protected Veteran
- ____ Other

- ____ Native American or Alaskan Native
- ____ Asian
- ____ Black/African American
- ____ Native Hawaiian or Pacific Islander
- ____ White
- ____ Hispanic/Latino
- ____ Not Hispanic/Latino

If you have sought assistance in resolving this complaint from another source (another agency, a lawyer, internal grievance procedure, etc.) please indicate here and the name of the source, the date you sought assistance, and the result, if any:

FILED ELSEWHERE?	DOES AN ATTORNEY REPRESENT YOU?
If you have filed this complaint or similar one elsewhere, please tell us:	If an attorney or other person or organization represents you, please tell us:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Signature and Certification

I certify that the information given above is true and correct to the best of my knowledge or belief. **I understand that a willful false statement is punishable by law.**

Signature of Complainant

Date

Information Release

I hereby authorize the release of any information needed for investigation.

Signature of Complainant

Date

Confidentiality Waiver

I hereby release the AA/EEO, Title IX Officer and the office Human Resource Services from any and all confidentiality practices and expectations and authorize the office to disclose any information in its possession.

Signature of Complainant

Date