



Truckee Meadows Community College

Equity and Diversity

STANDARD GRIEVANCE

NSHE Policies, Title 4, Chapter 8

Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Alt Telephone _____ - _____ - _____

Chapter 8, Section 9 grievances are limited to alleged acts of discrimination that are in violation of equal opportunity, Affirmative action or civil rights laws and regulations.

Please specifically select and identify the area of alleged discrimination(s) below:

Race:	
Sex/Gender:	
National Origin:	
Religion/Creed:	
Age:	
Disability:	
Vietnam Veteran:	
Sexual Orientation:	

Nature of Your Grievance

1. Please describe the policy or action you believe constitutes discrimination:

2. Name(s) and position(s) of person(s) responsible:

3. Date(s) of occurrence:

_____/_____/_____ _____/_____/_____
_____/_____/_____ _____/_____/_____

Corrective Action Requested

Please identify the remedy or corrective action you wish to see implemented:

By my signature below, I acknowledge that I have received a copy of the Title 4, Chapter 8 grievance procedures. I further acknowledge that I have been informed that a copy of this complaint will be provided to the named respondent(s) within five (5) working days.

Signature: _____ **Date:** ____/____/____

Received By: _____ **Date:** ____/____/____