

**Nevada State College**

**Institutional Equity & Title IX Grievance Form**

|  |  |
| --- | --- |
| **Name:** | **Telephone:** |
| **Street Address:** | **Email:** |
| **Department, personnel/individual, or agency that directly caused grievance:** |
| **Name: (indicate Mr., Ms., Mrs. Dr.)** | **Affiliation:** |
| **Department:** | **Telephone:** |
| **Cause of Grievance based on:** **Race**  **Color**  **Sex**  **Religion**  **National Origin** **Retaliation**  **Age**  **Disability**  **Other (specify)** | **Date of incident: Earliest: Latest:**  **Continuing Action** |
| **The Particulars are: (if additional space is needed, attach to this form)** |
| **Remedy or Corrective Actions: (if additional space is needed, attach to this form)** |
| **Charging Parties Signature:** | **Date of Complaint:** |

**1/8/13**