AMERICAN UNIVERSITY OF HEALTH SCIENCES
STUDENT GRIEVANCE FORM FOR CLAIMS OF DISCRIMINATION, HARASSMENT, AND RETALIATION

Instructions: In order to properly investigate your complaint, please complete this form as fully and as accurately as possible. You may include additional pages if necessary. Please print clearly or type your responses.

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Phone #:_____ **Email:**_____

Best Time to Contact You:

_____

Date of Incident(s):

_____

Person(s) Engaged in Alleged Discriminatory, Harassing, or Retaliatory Action(s):

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Description of Event(s): (Please be as detailed as possible. Include dates, times, locations, witnesses, and any other information that you believe is helpful for evaluation of your claim. Use additional pages if necessary.)_____

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What is the reason you believe the person(s) engaged in the above described behav_____