



NEW MEXICO STATE UNIVERSITY
EEO GRIEVANCE FORM

SIDE A

Unless otherwise instructed, all correspondence will be mailed to the following address:

NAME: _____

ADDRESS: _____
(STREET/BOX)

(CITY) (STATE) (ZIP)

PHONE: (work) _____

PHONE: (home) _____

DEPARTMENT: _____

TITLE: _____

EMPLOYMENT OR ACADEMIC STATUS:

- Student, Faculty Employee, Professional Employee, Classified Employee, Applicant, Other

Please check discrimination basis and complete corresponding line:

- Age, Ancestry, Disability, Serious Medical Condition, Ethnicity/Race/Color, Gender (F/M), Sexual Harassment, Spousal Affiliation, National Origin, Religion, Sexual Orientation, Veteran Status, Title VII Retaliation

PARTY

CHARGED: _____

DETAILS OF INCIDENT:

Multiple horizontal lines for incident details.

STATEMENT OF HARM: [Please explain what was lost or how you were harmed - wages, promotion, employment, grades, etc.]

Multiple horizontal lines for writing the statement of harm.

REMEDY REQUESTED: _____

Multiple horizontal lines for writing the remedy requested.

This is to acknowledge that I have been provided with a copy of the EEO Grievance Procedure, and understand that I may file an informal complaint before filing a formal grievance.

EEO/ADA Office
MSC 3515/PO Box 30001
New Mexico State University
Las Cruces, NM 88003

Phone: 646-3635 Hadley Hall, Rm. 15

COMPLAINANT SIGNATURE

DATE

(For Department Use Only)

COMMENTS: _____

Multiple horizontal lines for writing comments.

FIRST CONTACT

EEO REPRESENTATIVE

DATE