



# Northeastern

U N I V E R S I T Y

## Statement of Grievance Office of Affirmative Action & Diversity

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### Section I: Grievant

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Student: \_\_\_ Full-Time:\_\_\_ Part-Time\_\_\_ College: \_\_\_\_\_

Employee: \_\_\_ Date of Employment: \_\_\_\_\_ Full-Time: \_\_\_ Part-Time: \_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

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### Section II: Person Complained Against

Name of Person Complained Against: \_\_\_\_\_

Person's relationship to you (please check all that apply):

1. Instructor/Professor: \_\_\_ If so, College/Department: \_\_\_\_\_

2. Name of Individual's Dept. Chair or College Dean: \_\_\_\_\_

Work Supervisor: \_\_\_ If so, College/Department: \_\_\_\_\_

Work-Study Supervisor: \_\_\_ If so, College/Department: \_\_\_\_\_

3. Co-op Employer Supervisor: \_\_\_ Employer: \_\_\_\_\_

Name of Co-op Counselor/Supervisor: \_\_\_\_\_

4. Northeastern student: \_\_\_ If known, year in school \_\_\_\_\_

College/Major: \_\_\_\_\_

Campus Address: \_\_\_\_\_

5. Other (Please explain): \_\_\_\_\_

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Section III: Incidents

This form is intended to be used as a guide for reporting incident(s) of discrimination and/or sexual harassment. If you prefer to write your response separately, please list each incident in chronological order and give as many details as possible. Since subsequent actions by the Affirmative Action Office will be based solely upon the incidents described in the Statement of Grievance, your Written Response may **not** be changed, modified, or augmented after it is submitted to the Affirmative Action Office. Please attach a signed Statement of Understanding (see Section V) to your Statement of Grievance.

A. Approximate Date of Incident #1 \_\_\_\_\_

Nature of the Incident (please explain):

Witnesses- Please list name(s) if known and other information which would lead to the discovery of name(s):

What action, if any, did you take in response to the incident? What was the outcome?

B. Approximate Date of Incident #2 \_\_\_\_\_

Nature of the Incident (please explain):

Witnesses- Please list name(s) if known and other information which would lead to the discovery of name(s):

What action, if any, did you take in response to the incident? What was the outcome?

C. Approximate Date of Incident #3 \_\_\_\_\_

Nature of the Incident (please explain):

Witnesses- Please list name(s) if known and other information which would lead to the discovery of name(s):

What action, if any, did you take in response to the incident? What was the outcome?

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Section IV: Other

Are you aware of any other incidents of similar behavior involving the person complained against? (please explain)

Please describe other actions or provide other information which may be pertinent to your grievance.

What would you like to see happen from here?

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Section V: Statement of Understanding

I have reviewed Northeastern University's Grievance Procedure for (check one) sexual harassment \_\_\_\_ discrimination \_\_\_\_ with a representative of the Affirmative Action Office and understand the terms and conditions contained therein. I hereby authorize the Dean of Affirmative Action, or his/her designee, to commence an investigation into the allegation(s) outlined above and in accordance with this grievance procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affirmative Action Representative

\_\_\_\_\_  
Date