

**PITTSBURG STATE UNIVERSITY  
DISCRIMINATION GRIEVANCE HEARING REQUEST FORM**

A copy of the discrimination grievance hearing process can be found at:  
<http://www.pittstate.edu/office/eoaa/grievance-procedures/>

**GENERAL INFORMATION**

Name \_\_\_\_\_ PSU ID \_\_\_\_\_

Status        \_\_\_\_\_ Student        \_\_\_\_\_ Classified Personnel        \_\_\_\_\_ Unclassified Personnel

Department or Academic College \_\_\_\_\_

Basis for Grievance (i.e. race, color, religion, sex, national origin, age, disability)

\_\_\_\_\_

**SUMMARY OF EFFORTS TO SOLVE COMPLAINT/GRIEVANCE** (Describe the steps you have taken to resolve the complaint/grievance. Attach additional pages if necessary.)

**NATURE OF GRIEVANCE** (Indicate the exact nature of your grievance, giving specific information, exact description and dates of situations cited, names and positions of all persons involved. Use additional pages if necessary.)

**CERTIFICATION AND REQUEST FOR HEARING**

I certify that the information I have provided on this Discrimination Grievance Hearing Request Form is true and accurate to the best of my knowledge or belief. I hereby request a hearing before the Discrimination Grievance Committee.

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

**RECEIPT ACKNOWLEDGED**

\_\_\_\_\_  
Equal Opportunity Officer

\_\_\_\_\_  
Date