

**REQUEST FOR CONSIDERATION
OF AFFIRMATIVE ACTION ISSUE**

Date: _____

TO: (Name and Title of Supervisor)

FROM: (Name and Title of Grievant)

I believe that I have been subjected to discrimination based on:

race _____ religion _____ veteran's status _____

gender _____ national origin _____ sexual preference _____

age _____ handicapped status _____

The most recent instance of this discrimination occurred on (date) _____.

This discrimination was in the form of (brief description of objectionable treatment)

I believe the following action(s) should be taken to correct this problem: _____

(Employee signature) _____

Received by: _____ Date: _____

xc: Executive Director of Human Resources/Affirmative Action