



CAIN CENTER FOR THE ARTS  
PROGRAM PARTICIPANTS DISCRIMINATION-HARASSMENT POLICY – GRIEVANCE FORM

*Please type or print clearly*

Name of person submitting grievance: \_\_\_\_\_

Name of person on whose behalf the grievance is submitted, if different (only if on behalf of a minor under age of 18):

\_\_\_\_\_

Grievant mailing address: \_\_\_\_\_

Grievant day phone number: \_\_\_\_\_ Grievant evening phone number: \_\_\_\_\_

Grievant email address: \_\_\_\_\_

Date(s) and location(s) associated with the grievance: \_\_\_\_\_

\_\_\_\_\_

Grievance description including the name and contact information of the person and/or organization related to the grievance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and contact information of all persons thought to be witnesses or otherwise having relevant knowledge:

\_\_\_\_\_

\_\_\_\_\_

Actions taken to date, if any, by the grievant to resolve the grievance: \_\_\_\_\_

\_\_\_\_\_

Specific relief that the grievant expects to gain through use of this procedure: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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