

UConn 4-H Concern Form

1) Person Filing Concern:	
2) 4-H Connection:	Age (If 4-H Member)
4) Address:	
5) Phone Day:	Evening:
6) Email Address:	
CONCERN	
6) Please clearly state your concern. Prov documents, if applicable.	ide a summary of facts. Include supporting

The University of Connecticut complies with all applicable federal and state laws regarding non-discrimination, equal opportunity and affirmative action, including the provision of reasonable accommodations for persons with disabilities. UConn does not discriminate on the basis of race, color, ethnicity, religious creed, age, sex, marital status, national origin, ancestry, sexual orientation, genetic information, physical or mental disability, veteran status, prior conviction of a crime, workplace hazards to reproductive systems, gender identity or expression, or political beliefs in its programs and activities. Employees, students, visitors, and applicants with disabilities may request reasonable accommodations to address limitations resulting from a disability. Contact: Office of Institutional Equity; 860-486-2943; equity@uconn.edu; https://www.equity.uconn.edu.

7) Date, time, and location of incident leading to complaint

8) Individuals involved and contact information (if available)



INFORMAL RESOLUTION

 Describe attempts to solve the problem with those direction documents, if applicable. 	ectly involved. Include supporting
10) Identify possible solutions to the concern.	
11) Signature of Concerned Party	12) Date Signed:

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