



COMPLAINT FORM

The University of Texas at Arlington is committed to prompt resolution of complaints in a manner consistent with our policies. This form is to be used so that we can be certain that all necessary steps for a resolution have been completed. Please feel free to attach additional information if necessary. The EOS representative will assist you in completing this form if you wish.

I. COMPLAINANT (If more than one Complainant, complete separate form for each. Add additional pages if necessary.)

Complainant (Name & Title) _____

Department _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

Mobile Phone _____

E-mail Address (Work) _____ E-mail Address (Home) _____

Status: Student Faculty Staff Other: _____

II. TYPE & BASIS OF COMPLAINT (Check the boxes that apply.)

Type of Complaint Discrimination Harassment Retaliation Sexual Harassment/Misconduct

Basis of Complaint: Race National Origin Gender Sexual Orientation

Religion Disability Veteran Status Age

Other: _____

III. RESPONDENT (Person accused. Add additional pages if necessary).

Respondent # 1 (Name & Title) _____

Address (Work) _____ Work Phone _____

Status: Student Faculty Staff Other: _____

Respondent #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Status: Student Faculty Staff Other: _____

IV. DETAILS OF COMPLAINT (Explain your complaint in detail. Add additional pages if necessary).

- a) Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List the times, dates, location, names and titles of the people involved in the incident(s). **Please include date of most recent incident.**

- b) State the specific reason(s) why you believe you were discriminated, harassed, and/or retaliated against because of your protected class status (e. g. race, gender, age, disability, etc).

- c) Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a University supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution.

- d) Please list those whom you've shared information about your complaint with.

V. WITNESSES (List those witnesses you believe have information about your complaint. Include complete information for each witness listed. Add additional pages if necessary).

Witness #1 (Name & Title) _____

Address (Work) _____ Work Phone _____

Home Phone _____ Mobile Phone _____

What information can this witness provide?

Witness #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Home Phone _____ Mobile Phone _____

What information can this witness provide?

VI. SUPPORTING MATERIALS/DOCUMENTS

(List any written materials or other documents you believe may help in investigating your complaint. Provide the name, date, and explanation of the contents of the materials/documents listed. Add additional pages if necessary).

Name of item #1 _____

Date of item #1 _____

Explanation of contents

Name of item #2 _____

Date of item #2 _____

Explanation of contents:

VII. REMEDIES OR RESOLUTION SOUGHT

a) Describe the injury or harm you suffered because of the alleged discrimination:

b) What would resolve this complaint?

VIII. ACKNOWLEDGEMENTS

(INITIAL) I certify to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

(INITIAL) I acknowledge that I have been provided a copy of the University's policy relating to this complaint.

(INITIAL) I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

(INITIAL) I understand that any individual who participates in the investigative process is required to keep the investigation and related information confidential and shall not discuss this matter with anyone outside of EOS. I further understand that any unauthorized disclosures of information concerning the investigation may result in disciplinary action.

(INITIAL) I agree to abide by these guidelines.

If an advisor will assist you in the complaint process, please give the individual's name, title, address and telephone numbers:

Name: _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____

Is the advisor a lawyer? ___ Yes ___ No

Signature of Complainant Date: _____