The University of Texas at Arlington

EOS

Equal Opportunity Services

**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. Submit completed form and any accompanying documents to*** ***eoaa@uta.edu*** ***.***

**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

**Basis of Complaint: ** Race  National Origin  Gender/Sex  Color

  Religion  Disability  Veteran Status  Age

**Other:**

*Sexual Harassment & Sexual Misconduct allegations please contact Title IX Coordinator Michelle Willbanks titleix@uta.edu or 817 272 4585*

**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).

1. 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.**
2. 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).
3. 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.
4. 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**

1. Describe the injury or harm you suffered because of the alleged discrimination:
2. What would resolve this complaint?

**VIII. ACKNOWLEDGEMENTS**

\_\_\_\_\_\_ I certify to the best of my knowledge the information that I have provided is accurate and the

(INITIAL) events and circumstances are as I have described them.

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

\_\_\_\_\_\_ I understand and acknowledge that a copy of this complaint, along with the attachments, will be

(INITIAL) 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.

\_\_\_\_\_\_ I understand that any individual who participates in the investigative process is required to keep

(INITIAL) 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.

\_\_\_\_\_\_ I agree to abide by these guidelines.

(INITIAL)

**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

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

Signature of Complainant