UT Health

HR-EO

Equal Opportunity Services

**COMPLAINT FORM**

The University of Texas Health Science Center Houston 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 HR-EO representative will assist you in completing this form if you wish.

|  |  |
| --- | --- |
| **1. 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 (Home)** |
| **Status: □ Student □ Employee □ Other:** |  |

|  |  |  |
| --- | --- | --- |
| **II. TYPE & BASIS OF COMPLAINT (Check the boxes that apply.)**  **Type of Complaint: □ \*Discrimination □ \*Harassment □ \*\*Sexual Misconduct**  **Basis of Complaint: □ Race/Color □ National Origin □ Age □ Genetic Information □ Disability □ Sex □ Sexual Orientation**  **□ Religion □ Veteran Status □ Pregnancy □ Gender Idenity**  **Other:** | HOOP 183  \*Equal Opportunity, Discrimination and Harassment  \*Discrimination, including harassment,is defined as conduct directed at a specific individual or a group of individuals that subjects the individual or group to treatment that materially and adversely affects their employment or education or their participation in or receipt of the benefits of any university program or activity because of race, color, relieion, sex, sexual orientation, national origin, age, gender identity, disability or veteran status.  HOOP 59  \*\*Sexual Misconduct  *\*\*Sexual Misconduct:* a form of sex discrimination and includes all forms of sexual harassment and sexual assault as well as other unwelcome sexual advances, requests for sexual favors, or conduct of a sexual nature directed toward another individual. | materially and adversely affects their employment or Education or their participation in or receipt of the benefits of any university program or activity because of race, color, religion, sex, sexual orientation, national origin, age, disability or veteran atatud |
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| --- | --- | --- | --- |
| **III. RESPONDENT = (Person accused. Add additional pages if necessary).**  **Respondent # 1 (Name & Title)** | | | |
| **Address (Work)** |  | **Work Phone** |  |
| **Status: □ Student □ Employee** | **□ Other** |  |  |
| **Respondent #2 (Name & Title)** | | | |
| **Address (Work)** |  | **Work Phone** |  |
| **Status: □ Student □ Employee** | **□ Other** |  |  |



HR-EO Complaint Form

1. **DETAILS OF COMPLAINT** (Explain your complaint in detail. Add additional pages if necessary).
2. Describe the specific incident(s) of alleged discrimination, harassment. List the times, dates, location, names and titles of the people involved in the incident(s). Please include date of most recent incident.
3. State the specific reason(s) why you believe you were discriminated or harassed because of your protected class status (e. g. race, gender, age, disability, etc).
4. Have you previously reported or otherwise complained about this or related acts of harassment, discrimination 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.
5. Please list those whom you've shared information about your complaint with.
6. **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?

2

If additional space is needed you may use a separate sheet of paper. Please note "See Attachment" in each section that you need additional

space and note on the separate paper which section the additional information is for.

HR-EO Complaint Form

1. 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:

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

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If additional space is needed you may use a separate sheet of paper. Please note "See Attachment" in each section that you need additional

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HR-EO Complaint Form

1. 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 accused. 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.

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

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If additional space is needed you may use a separate sheet of paper. Please note "See Attachment" in each section that you need additional

space and note on the separate paper which section the additional information is for.