



Office of Access and Compliance

920 Madison Avenue, Suite 825 | Memphis, TN 38163
t 901.448.2112 | f 901.448.1120

Healthy Tennesseans. Thriving Communities.

NON- TITLE IX FORMAL COMPLAINT FORM – DISCRIMINATION AND HARASSMENT

Name of Complainant: _____

Department/College: _____ Campus: _____

Phone Number: _____ Email: _____

Status of Complainant:

Staff Faculty Student Fellow Medical Resident Other: _____

Type of Non-Title IX Complaint:

Discrimination

Harassment

Basis of Complaint:

Race Religion Color National Origin Age
 Sex/Gender Sexual Orientation Gender Identity Disability Pregnancy
 Marital Status Parental Status Military Service Veteran Status Retaliation

Name of Respondent(s): _____

Department/College: _____ Campus: _____

Status of Respondent:

Staff Faculty Student Fellow Medical Resident Other: _____

Relationship of Respondent(s) to Complainant:

Coworker Supervisor Client/Customer Faculty Student
 Fellow Medical Resident Post Doc Other: _____

For the following questions, additional documentation may be attached.

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.

NON- TITLE IX FORMAL COMPLAINT FORM – DISCRIMINATION AND HARASSMENT

Has anyone witnessed the alleged behavior? Yes No

If yes, please list names and contact information.

Did you take any action to stop the alleged behavior? Yes No

If yes, please summarize the action taken.

How would you like to see the situation resolved?

Additional information or comments:

I am aware that an informal process is available to resolve the complaint and feel that formal complaint is appropriate to resolve the discrimination and harassment I allege in this complain. I understand that I may have rights to relief under the state and federal laws, and that complaints of discrimination may be filed with state and federal civil rights agencies. I agree to cooperate within reason with any investigation conducted by the university into this matter, and I understand that if I am found to have knowingly misstated any material fact in this complaint, I may be subject to discipline in accordance with applicable University policies and procedures for students and employees.

Signed: _____ Date: _____

Please return this form to:
Office of Access and Compliance

920 Madison Ave, Ste 825 Memphis, TN 38163 | P: (901) 448.2112 F: (901) 448.1120 | oac-hsc@uthsc.edu