

NON-TITLE IX FORMAL DISCRIMINATION AND HARASSMENT COMPLAINT FORM

OFFICE OF EQUITY AND DIVERSITY

Name of Complainant _____

Department _____ Campus _____

Phone Number _____ Email _____

Status of Complainant Staff Faculty Student Fellow Medical Resident Post Doc Other: _____

Type of 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 _____ Campus _____

Status of Respondent(s) Staff Faculty Student Fellow Medical Resident Post Doc Other: _____

Relationship of Respondent(s) to Complainant

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

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.
If additional space is needed, use reverse side of paper or attach additional sheet(s)

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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 a formal complaint is appropriate to resolve the discrimination and harassment I allege in this complaint. 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: _____

Dated: ____/____/____

Please return this form to:
hsc-oed@uthsc.edu
Office of Equity and Diversity,
920 Madison Avenue, STE 825 Memphis, TN 38163
(901) 448-2112 Fax: (901) 448-1120