

# Discrimination and Harassment Complaint Form

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

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

Complainant Name:				Job Title:	
Department:					
Work Address:				Work Phone:	
Home Address:				Home Phone:	
Mobile Phone:			E-mail Address (Home):		
Status:	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Other:		

## II. Type & Basis of Complaint (Check the boxes that apply.)

Type of Complaint:	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual Misconduct		
Basis of Complaint:	<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Disability
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religion	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gender Identity or Expression
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Stalking	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Assault	
<input type="checkbox"/> Other Inappropriate Sexual Conduct					

## III. Respondent = (Person accused. Add additional pages if necessary.)

Respondent #1 Name:				Job Title:	
Department:					
Work Address:				Work Phone:	
Status:	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Other:		

*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.*

<b>Respondent #2 Name:</b>				<b>Job Title:</b>	
<b>Department:</b>					
<b>Work Address:</b>				<b>Work Phone:</b>	
<b>Status:</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Other:		

**IV. Details of Complaint (Explain your complaint in detail. Add additional pages if necessary.)**

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

**B. 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).**

**C. Have you previously reported or otherwise complained about this or related acts of harassment or 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.**

**D. Please list those whom you've shared information about your complaint with.**

*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.*

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

<b>Witness #1 Name:</b>		<b>Job Title:</b>	
<b>Work Address:</b>		<b>Work Phone:</b>	
<b>Home Phone:</b>		<b>Mobile Phone:</b>	
<b>What information can this witness provide?</b>			

<b>Witness #2 Name:</b>		<b>Job Title:</b>	
<b>Work Address:</b>		<b>Work Phone:</b>	
<b>Home Phone:</b>		<b>Mobile Phone:</b>	
<b>What information can this witness provide?</b>			

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

<b>Name of item #1:</b>	
<b>Date of item #1:</b>	
<b>Explanation of contents:</b>	

*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.*

Name of item #2:	
Date of item #2:	
Explanation of contents:	

Name of item #3:	
Date of item #3:	
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?

*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.*

**VIII. Acknowledgements**

- 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.
- I acknowledge that I have been provided a copy of the university's policy relating to this complaint.
- 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:

<b>Name:</b>		<b>Title:</b>	
<b>Address:</b>			
<b>Work Phone:</b>		<b>Home Phone:</b>	
<b>Mobile Phone:</b>			
<b>Is the advisor a lawyer?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

---

<b>Signature of Complainant</b>	<b>Date</b>
---------------------------------	-------------

*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.*