



UNIVERSITY OF ARKANSAS

DIVERSITY AFFAIRS

*Equal
Opportunity &
Compliance*

Discrimination and Harassment Complaint Form

Instructions:

It is the policy of the University of Arkansas to provide an educational and work environment in which thought, creativity, and growth are stimulated, and in which individuals are free to realize their full potential through equal opportunity. It is the responsibility of the University of Arkansas' Office of Equal Opportunity and Compliance to investigate and resolve all allegations of discrimination on the basis of race, age, gender, national origin, religion, disability, veteran status, marital or parental status, genetic information and sexual orientation.

Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the University Discrimination and Harassment Complaint Procedure. In particular, you should review the information on the time limits for filing a complaint as specified in the procedure.

It is not a requirement that you use this form to file a complaint. If you do choose to use this form, please include all the information requested below in your complaint. By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process. Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process. Please note that information provided on this form or any other document is not considered an official complaint until the Compliance Officer confirms receipt.

Upon receiving your complaint, the Compliance Officer will determine if your complaint is complete, timely and falls within the University Discrimination and Harassment Complaint Procedure. If so, the Compliance Officer will follow those steps identified in the Discrimination and Harassment Complaint procedure in processing your complaint.

It is the expectation of the University that those who file a complaint will remain active and cooperative in the complaint process.

I. Personal Information

Name: _____ E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): (home) _____ (work) _____ (cell) _____

II. Affiliations – Check all that apply

____ Employee

Department: _____

Position/Job Title: _____

Supervisor: _____

____ Student

____ Undergraduate

____ Graduate

____ Professional

____ Other: _____

III. Respondent(s) – person(s) or departments against whom the complaint is being filed.

Name: _____ Department: _____

Title: _____

IV. Basis of Your Complaint – Check all that apply

____ Race

____ Sexual Harassment

____ Marital or Parental Status

____ Sexual Orientation

____ National Origin

____ Veteran Status

_____ Gender

_____ Disability

_____ Pregnancy

_____ Age

_____ Retaliation

_____ Genetic Information

V. Nature of Allegations: *(List incident or issue and date of occurrence. Attach additional pages if necessary)*

VI. Describe, in detail, the specific incident that is the basis for the alleged discrimination, harassment and/or retaliation: *(Describe each incident of harassment, discrimination or retaliation separately. Please be as detailed as possible, giving names, dates and places; include phone numbers and addresses if possible. Attach additional pages if necessary)*

VII. Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe: *(Attach additional pages if necessary)*

VIII. List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint: *(Attach additional pages if necessary)*

IX. 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: *(Attach additional pages if necessary)*

X. Describe the effect(s) of the alleged discrimination, harassment and/or retaliation:
(Attach additional pages if necessary)

XI. What would you like the University to do as a result of your complaint – what remedy are you seeking: *(Attach additional pages if necessary)*

Complaint Acknowledgment:

I certify, to the best of my knowledge, the information that I have provided is accurate and the events and circumstances are true and correct to the best of my knowledge.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender ("Respondent"). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, and materials that I believe support my allegation. 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 understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Complainant's Signature

*Filing Date***Date Received by Compliance Officer:**

Signature of Compliance Officer:
