



COMPLAINT FORM

Deliver To: _____

University of Texas at San Antonio
Office of Equal Opportunity Services
210-458-4120 Office
210-458-5100 FAX

Today's Date

I. COMPLAINANT (If more than one Complainant, complete information for each. Add additional pages if necessary.)

Complainant (Name & Title) _____

Department _____ Banner # _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

Mobile Phone _____

Status: Student Faculty Staff Other: _____

II. TYPE & BASIS OF COMPLAINT (Check the boxes that apply.)

Type of Complaint: Discrimination Harassment Retaliation Sexual Harassment / Misconduct

Basis of Complaint: Race National Origin Gender Sexual Orientation

Religion Disability Veteran Status Age

Other: _____

Level of Complaint: Informal Formal

III. RESPONDENT (person accused). Add additional pages if necessary.

Respondent #1 (Name & Title) _____

Address (Work) _____ Work Phone _____

Status: Student Faculty Staff Other: _____

Respondent #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Status: Student Faculty Staff Other: _____

