

University of Texas at San Antonio

UTSA Retaliation Complaint Form

This form is intended for use by an employee (or former employee) who believes he/she has been retaliated against in his/her role as a UTSA employee, in violation of UT System’s [Protection from Retaliation for Reporting Suspected Wrongdoing](#) policy (UTS 131). Additional information regarding UTSA’s anti-retaliation policy and investigation procedures can be found at: <http://www.utsa.edu/Compliance/Whistleblower.html>.

This completed form and any supporting documentation should be submitted in an envelope marked “Confidential” to the Retaliation Complaint Officer at UTSA within 30 calendar days of the date the alleged retaliation occurred.

The Retaliation Complaint Officer at UTSA is: **James R. Weaver, Director – Institutional Compliance and Risk Services, University of Texas at San Antonio, One UTSA Circle, San Antonio, TX 78249.**

****Please complete all sections. Incomplete forms will not be reviewed****

Complainant (person alleging retaliation against himself/herself)

Name:

Job Title:

Department:

Location:

Mailing Address:

Telephone:

Email:

Respondent(s) (person(s) alleged to have retaliated against the Complainant)

Name(s):

Department:

Relationship to Complainant:

*Attach additional names on separate sheet if necessary.

Protected Activity (engaged in by the Complainant & alleged to be the basis for the retaliation)

Describe the protected activity the Complainant engaged in and when the activity occurred. Include any supporting documentation with this complaint form. Attach additional sheets if necessary.

Alleged Retaliation (engaged in by the Respondent or Respondents)

Please provide a detailed description of the specific adverse employment action(s) initiated against the Complainant (for example, termination, demotion) that is alleged to constitute retaliation. Include the date, time and place of the alleged retaliation. Supporting documentation may also be submitted with the complaint form to support the allegation. Attach additional sheets if necessary.

Witnesses (to either the Protected Activity and/or the Alleged Retaliation)

Please provide the name(s) of all witnesses to either the protected activity engaged in by the Complainant and/or the adverse employment action(s) engaged in by the Respondent(s) alleged to constitute retaliation against the Complainant. For non-UTSA employees, please include contact information (phone number or email address). Attach additional sheets if necessary.

Corrective Action Requested by the Complainant

Briefly describe the remedy requested by the Complainant should the allegation be found to be factual.

Confidentiality Statement

A Whistleblower Retaliation Complaint is considered by the University to be a confidential matter. As such, the complaint and any information derived as a result of the investigation of said complaint will be disclosed only to those with a legitimate need to know in order to resolve the complaint or to assist in the investigation of the complaint, or in other circumstances where the University is required by law to release the information.

The complaint itself and other supporting documentation provided by the Complainant may be made available to those accused of the retaliatory action (Respondent(s)). Other relevant information that may be obtained from the investigation of the complaint may, at the discretion of the investigator, be revealed to other persons, including a party to the complaint, in order to ascertain the truth of matters asserted or to otherwise further the investigation.

Until a decision has been reached in the matter, or if the complaint is dismissed, withdrawn or otherwise resolved, persons who are parties to the complaint are expected to treat the matter as confidential so as not to compromise the investigative process and to respect the rights to privacy of all parties. All University employees are required to cooperate in the investigation of Whistleblower Retaliation Complaints. Parties to the complaint that are unwilling to cooperate in an investigation may result in findings that are adverse to that party.

Complainant's Signature

Date

Please submit this completed form and any supporting documentation in an envelope marked "**Confidential**" to the Retaliation Complaint Officer at UTSA:

James R. Weaver
Director – Institutional Compliance and Risk Services University of Texas at San Antonio
One UTSA Circle San Antonio, TX 78249.