



COMPLAINT FORM

Deliver To:

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

Today's Date

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

Complainant (Name & Title) _____

Department/School _____ Banner# _____

Campus Location _____ Contact Phone# _____

Best time to contact you? a.m. p.m.

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 Religion Disability Age

Veteran Status Sexual Orientation/Gender Expression & Identity

Title IX – Sexual Harassment/Sexual Violence

Other: _____

Level of Complaint: Formal Informal

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

Respondent #1 (Name & Title) _____

Campus Location _____ Contact Phone# _____

Status: Student Faculty Staff Other: _____

Respondent #2 (Name & Title) _____

Campus Location _____ Contact Phone# _____

Status: Student Faculty Staff Other: _____

IV. DETAILS OF COMPLAINT (Explain your complaint in detail. Add additional pages if necessary.)

a) Describe the specific incident(s) of the alleged discrimination, harassment, retaliation and/or Sexual Harassment/Misconduct. List the times, dates, location, names and titles of the people involved in the incident(s). You can also attach complete details of complaint using an attachment.

b) State the specific reason(s) why you believe you were discriminated harassed and/or retaliated against because of your protected class status (e.g. race, national origin, religion, gender, age, disability.)

V. WITNESSES List those witnesses you believe have information about your complaint. Include complete information for each witness listed. Add additional pages if necessary. **(If you want to maintain confidentiality of your witnesses, create a separate attachment to the complaint form listing your witnesses.)**

Witness #1 (Name & Title) _____

Campus Location _____ Contact Phone# _____

What information can this witness provide?

Witness #2 (Name & Title) _____

Campus Location _____ Contact Phone# _____

What information can this witness provide?

VI. SUPPORTING MATERIALS / DOCUMENTS

(List any written materials or other documents you believe may help in investigating your complaint. Provided the name, date, and explanation of the contents of the material/document listed. Add additional pages if necessary.)

Name of Item #1 _____

Date of Item _____

Explanation of Contents _____

Name of Item #2 _____

Date of Item _____

Explanation of Contents _____

Name of Item #3 _____

Date of Item _____

Explanation of Contents _____

VII. COMPLAINT RESOLUTION

What would resolve this complaint? _____

VIII. PLEASE SIGN AND DATE YOUR COMPLAINT

I have reviewed the above, and it is a complete and accurate account of the issue(s) described herein.

Signature of Complainant

Date