

The University of Texas at Arlington
Equal Opportunity Services

COMPLAINT FORM

The University of Texas at Arlington 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 sheets of information if you believe necessary. The EOS representative will assist you in completing this form if you wish.

Complainant

Name: _____
Student: ___ Classification: ___ Major: _____ Work-study: ___ Employee: ___
Title: _____ Department: _____ Supervisor: _____
Work Number: _____ Home Number: _____ Cell Number _____
Address: _____
City State Zip Code
Email Address: _____

Were you discriminated against with regard to your rights in:

Employment: _____ Education: _____ Retaliation: _____

Were you discriminated against because of your:

Race: _____ Color: _____ National Origin: _____
Specify Specify Specify
Religion: _____ Age: _____ Sex (Gender) _____
Specify Specify Specify
Disability: _____ Veterans Status: _____ Sex Orientation: _____
Specify
Sexual Harassment: _____

Who discriminated against you? (The individual(s) who the complaint is against)

Name: _____
Student: ___ Employee: ___ Both: ___ Title: _____ Department: _____
Work Number: _____ Home Number: _____ Cell Number _____
Address: _____
City State Zip Code

When?

Date first incident took place: _____ Date of most recent incident: _____

Who have you contacted for help regarding this complaint?

Name: _____ Title: _____ Date: _____

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedure set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

Who else have you told about your complaint?

Name: _____ Title: _____ Date: _____

Statement of events provided by Complainant:

Please provide a detailed statement of the events, including dates, places, names and phone numbers of witnesses. Please attach additional sheets if you need more space.

Describe the injury or harm you suffered because of the alleged discrimination:

Remedies Sought By Complainant:

What would you like the University to do as a result of your complaint – what remedy are you seeking?

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Complaint Acknowledgement:

I certify that 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 offender. 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.

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.

Signature: _____ Date: _____

If an advisor will assist you in the complaint process, indicate the individual’s name, title, address and telephone number:

Name: _____

Address: _____
City State Zip Code

Phone Number: _____

Is the advisor a lawyer? ___ Yes ___ No

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the complaint and to accompany you to any meetings.

Signature: _____ Date: _____

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