

Discrimination & Harassment Complaint Form

This form may be used to file a complaint of discrimination or harassment with the UT Chattanooga Office of Equity and Inclusion, but it is not required to file a complaint. Complaints must be in writing and filed within 300 days of the alleged discriminatory action. In certain circumstances, at the discretion of OEI, complaints filed outside that time limit, or not submitted in writing, may be investigated. You may print this form and submit it directly to OEI, fax to 423-425-5761, or mail to Office of Equity and Inclusion, 720 McCallie Avenue, Chattanooga, TN 37403. For the complete process, visit <https://www.utc.edu/equity-inclusion/file-complaint.php>.

I. Complainant Information

Name	<input type="text"/>	Contact information:	
Address	<input type="text"/>	E-Mail	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>	Work Phone:	<input type="text"/>
		Alt. Phone:	<input type="text"/>

II. Complainant Status

Employee: Department

Position Title

Supervisor

Student: Undergraduate Graduate

Other:

III. Complaint Information

Type of Complaint: Discrimination Harassment

Basis of Your Complaint: Check all that apply

<input type="checkbox"/> Age	<input type="checkbox"/> Military Service	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexual Violence
<input type="checkbox"/> Disability	<input type="checkbox"/> Parental Status	<input type="checkbox"/> Sex/Gender	
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sexual Assault	
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Harassment	

IV. Respondent(s) - Person(s) and/or department against whom the complaint is being filed

Name	<input type="text"/>	Status of Respondent(s):	
Department	<input type="text"/>	<input type="checkbox"/> Faculty	<input type="checkbox"/> Student
Title	<input type="text"/>	<input type="checkbox"/> Staff	<input type="checkbox"/> Other

Relationship of Respondent(s) to Complainant:

- Co-Worker
- Client/Customer
- Faculty
- Subordinate
- Supervisor
- Student
- Other

Describe specific act(s) alleged with date(s), time(s) and location(s), if possible, and the names and contact information of any witnesses who may have observed the incident or behavior and/or experienced similar treatment.

Did you take any action to stop the alleged behavior?

- Yes
- No

If yes, please summarize the action taken:

How would you like to see the situation resolved and/or what remedy are you seeking?

Additional information or comments:

I am aware that an informal process is available to resolve the complaint, and feel that a formal complaint is appropriate to resolve the discrimination and harassment I allege in this complaint. I understand that I may have rights to relief under state and federal laws, and that complaints of discrimination may be filed with state and federal civil rights agencies.

I certify that to the best of my knowledge, the information that I provided is accurate and the events and circumstances are as I have described them. I understand that a copy of this complaint will be provided to the respondent. I agree to cooperate with any investigation conducted by the University into this matter and provide whatever evidence the University deems relevant. While complete confidentiality cannot be guaranteed, I understand that all complaints will be handled in such a way that confidentiality will be protected to the fullest extent possible.

I understand that if I am found to have knowingly misstated any material fact in this complaint I may be subject to discipline in accordance with applicable University policies and procedures for students and employees.

Signature: *

Date: *

How did you find out about us?