

**UNIVERSITY OF NORTH FLORIDA
OFFICE OF EQUAL OPPORTUNITY PROGRAMS**

COMPLAINT

This complaint form is to be utilized for reporting conduct that is believed to be in violation of the University's Diversity and Equal Opportunity Regulation or the University's Sexual Harassment Regulation (hereinafter "EOP Regulations).

Use additional sheets of paper if necessary to answer the following questions

I) INDIVIDUAL ALLEGING EOP VIOLATION:

A&P Faculty USPS OPS Part-time
 Student Applicant Other: (Specify) _____

Note: If you are a supervisor, instructor or other individual who is reporting an alleged EOP regulation violation where you believe another has been subjected to treatment in violation of EOP regulations, please specify on the "Other" line above and provide as much information in this complaint form as possible.

Name: _____

Gender: _____ Race: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home No.: (____) _____ - _____ Work/Campus No.: (____) _____ - _____

Position/Title: _____ College/Department: _____

Work Address: _____

Direct Supervisor: _____ Phone Number: (____) ____ - _____

If a Student: Classification: _____ Major: _____

Other Category/Classification (Specify): _____

II) BASIS OF THE COMPLAINT: (Check all appropriate items)

Race Color National Origin Sexual Harassment Sex
 Religion Disability Veteran Status Marital Status Age
 Retaliation Sexual Orientation Other: _____

III) RESPONDENT- PERSON YOU BELIEVE TO BE RESPONSIBLE FOR THE ALLEGED VIOLATION OF EOP REGULATIONS:

Name: _____

Gender: _____ Race: _____

The person is: Faculty UNF Administrator/Staff Student Other

Position(s)/Title: _____ Telephone No.: (____) _____ - _____

Division/Company: _____ College/Department: _____

VIII) HAS THIS ALLEGATION (S) BEEN FILED IN ANY OTHER FORUM, OFFICE, AND/OR AGENCY? (i.e., As a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, etc.)

() Yes () No If Yes, provide the following:

Name of Forum/Office/Agency: _____

Address: _____

Contact Person: _____

Telephone Number: (____) _____ - _____ Date of Filing: _____

Results of the filing: _____

IX) IDENTIFY ANY WITNESSES WHO WILL SUPPORT YOUR ALLEGATION(S):

Name: _____

Telephone Number: (____) _____ - _____

Address: _____

Relationship to Complainant (if any): _____

Name: _____

Telephone Number: (____) _____ - _____

Address: _____

Relationship to Complainant (if any): _____

Name: _____

Telephone Number: (____) _____ - _____

Address: _____

Relationship to Complainant (if any): _____

I affirm that, to the best of my knowledge, the information contained herein is true and factual. I understand that the completion of this form or the filing of a complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received in the EOP office. I further understand that any person who knowingly provides false or fraudulent information in an EOP complaint may be subject to discipline.

Complainant's Signature: _____

Date: _____