

EOD Non-Discrimination and Sexual Misconduct (Employee Complaint)

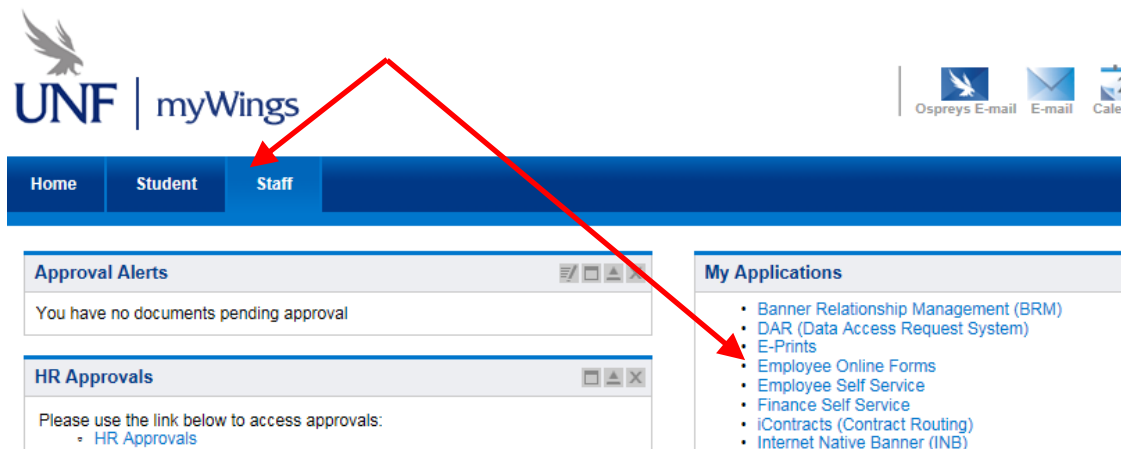
- 1) Log Into your [myWings](#) account



- 2) Click on the Staff tab at the top



- 3) Select the "Employee Online Forms" link in the "My Applications" channel.



- 4) Under **Equal Opportunity and Diversity** select “EOD Non-Discrimination and Sexual Misconduct (Employee Complaint)”

Employee Online Forms

Employee Online Forms is a menu to select and submit a new request. To make a decision or update a form / request that has already been submitted you will need to go to [Online Form](#) /

Department: All

Academic Affairs

- [Undergraduate TLO Application \(Domestic\)](#)
- [Undergraduate TLO Application \(International\)](#)

Accounts Receivable

- [Student Repayment Plan](#)

Equal Opportunity and Diversity

- [EOD Non-Discrimination and Sexual Misconduct \(Employee Complaint\)](#)

- 5) Read the instructions at the top of the page.

- 6) Select “Yes” for **Start Form**

- 7) Click **Next**

Start Form: Yes * Next

- 8) Review your contact information under the **INDIVIDUAL ALLEGING VIOLATION** section.

EOD Non-Discrimination and Sexual Misconduct (Employee Complaint)


John Smith

University of North Florida
Office of Equal Opportunity and Diversity (EOD)

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 Misconduct Regulation and submitted online. (Available in alternate formats upon request.)

INDIVIDUAL ALLEGING VIOLATION:

Last Name:	Smith
First Name:	John
Employee ID (N#):	N00000001
College/Dept:	Enterprise Systems
Position/Title:	Applications Programmer
Classification:	Administrative
Home Address:	111 Test Lane Jacksonville FL 32224
Phone Number:	(904) 620-2800
E-mail:	test@unf.edu

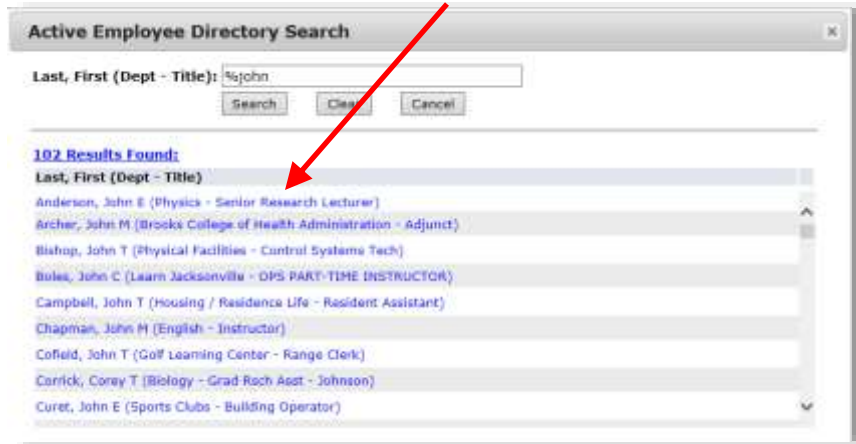
9) Under the **RESPONDENT** section use the magnifying glass  to search for the

RESPONDENT

Person you believe to be responsible for the alleged violation of Equal Opportunity and Diversity Regulation.

Employee ID (N#): 

- Enter the name of the employee you are looking for and click **Search**
 - **NOTES:**
 - The search format is last name followed by a “,” and then the first name (Last name should be enough to perform a search)
 - you can enter % for wild cards when searching for part of a name
- Click on the Name you want and it will populate the employee ID and information automatically






10) Double check you selected the right person you want to lodge a complaint against.

➤ NOTE: If you are not sure contact the EOD office for assistance. 620-2507

RESPONDENT

Person you believe to be responsible for the alleged violation of Equal Opportunity and Diversity Regulation.

Employee ID (N#):   

Last Name: Smith

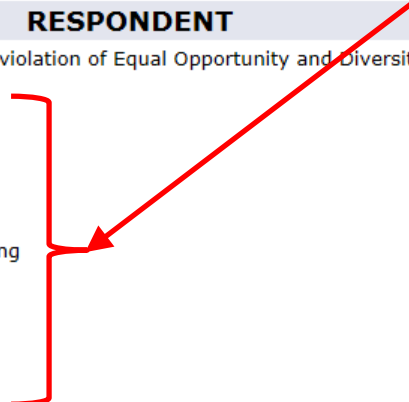
First Name: Jane

College/Dept: Enrollment Services Processing Office

Postion/Title: Admissions Evaluator

Classification: Support Staff Non-Ex FT PO

Phone Number: (904) 620-2800



11) Under the **BASIS OF THE COMPLAINT** section check all the items that apply.

- **NOTE:** if you select **Sex** or **Other** you will be required to provide additional information.

BASIS OF THE COMPLAINT

(Check all appropriate items.)

<input type="checkbox"/> Color	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Retaliation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Title IX (Gender-based)
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Sexual Misconduct/Harassment
<input type="checkbox"/> Gender identity/Expression	<input type="checkbox"/> Disability	<input type="checkbox"/> Harassment
<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Sex		
<input type="checkbox"/> Other		

12) Under the **REASON FOR COMPLAINT** section check all the items that apply.

- **NOTE:** if you select **Other** you will be required to provide additional information.

REASON FOR COMPLAINT

Check those actions which you believe the employer took or failed to take because of race, color, religion, gender, national origin, disability, religion, sexual orientation, gender identity/ expression, marital status, Title IX, veteran status, genetic information, or other protected category (more than one action may be checked).

<input type="checkbox"/> Hiring	<input type="checkbox"/> Wages	<input type="checkbox"/> Harassment	<input type="checkbox"/> Bullying
<input type="checkbox"/> Recall	<input type="checkbox"/> Promotion	<input type="checkbox"/> Job Benefits	<input type="checkbox"/> Hazing
<input type="checkbox"/> Layoff	<input type="checkbox"/> Demotion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Pregnancy Leave
<input type="checkbox"/> Termination	<input type="checkbox"/> Seniority	<input type="checkbox"/> Job Assignment	<input type="checkbox"/> Segregated Facilities
	<input type="checkbox"/> Training and Apprenticeship	<input type="checkbox"/> Accommodation to Disability	<input type="checkbox"/> Sabbath Day Observance
<input type="checkbox"/> Other			

13) Select the date the incident occurred.

DATE CONDUCT OCCURRED

(The date of the most recent complained of conduct violation.)

Select Date: *

Witness 1:

Name:

Address:

Phone:

Witness 2:

Dec 2015

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

WITNESSES

14) If there are witnesses please provide names and contact information for those witnesses in the **WITNESSES** section.

- **NOTE:** if there are more than two you can add the additional ones in your statement or in the other attached document section after this.

WITNESSES

Witness 1:

Name:

Address:

Phone:

Witness 2:

Name:

Address:

Phone:

15) Enter the details of your complaint into the **COMPLAINT** section.

- **NOTE:** if you need more room you can attach a word or text document under **Additional Documentation** section.

THE COMPLAINT

Describe in detail the alleged discriminatory/retaliatory act(s). Please make sure to include the following, at a minimum:

- Why you believe the act(s) was because of your disability, veteran status, race, color, religion, sex, or national origin, and why you believe the act(s) was retaliation;
- Dates, places, names and titles of persons involved and witnesses if any;
- What harm, if any, was caused to you or others with whom you work as a result of the alleged discriminatory act(s); and
- What explanation, if any, was offered for the act(s) by the respondent

If this is a complaint based on disability, describe the disability, your history of disability, or why you think the employer regarded you as disabled.

Additional Documentation: (Files Allowed: PDF, Word, Text, RTF, JPEG, TIFF, PNG, and Excel.)

Select Document and Click Upload:

File to upload: No Document Provided

16) Enter the information in the section for **RELIEF SOUGHT?** Section.

RELIEF SOUGHT?

(i.e., reinstatement of job, removal of discipline, change in assignment, grade change, etc.)

17) If you filed this complaint with another agency or entity please provide the information for where you sent the complaint in the **FILED ELSEWHERE?** section.

FILED ELSEWHERE?

If you have filed this complaint or a similar one elsewhere, (i.e., As a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, etc.). please tell us:

Name and Contact:

Address:

Phone:

E-mail:

18) Read the **VERIFICATION OF CONCENT** statement, select "Yes" and click the submit button.

VERIFICATION OF CONCENT

I affirm that, to the best of my knowledge or belief, 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 by the Office of Equal Opportunity and Diversity. I further understand that any person who knowingly provides frivolous, false or fraudulent information in an EOD complaint may be subject to discipline. If applicable, I hereby authorize the release of any medical information needed for the investigation.

I agree to the statement above: Yes No *

[Select Action/Reason if requested. Then click the "Submit" Button.](#)

Submit your request.

19) You will get confirmation message letting you know that the request was submitted.

EOD Non-Discrimination and Sexual Misconduct (Employee Complaint)

✔ Your request was submitted.

You can find all your request(s) and their status under UNF Administrative Applications in [Online Form Approvals](#).