

EOD Non-Discrimination and Sexual Misconduct (Student Complaint)

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



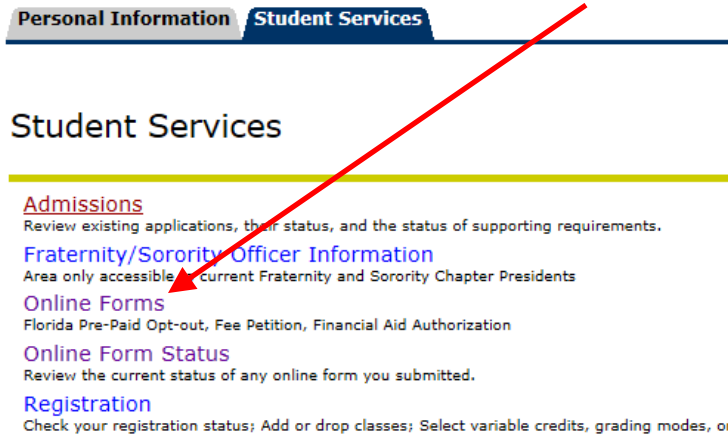
- 2) Click on the Student tab at the top



- 3) Select the "Student Self Service" link in the "My Records".

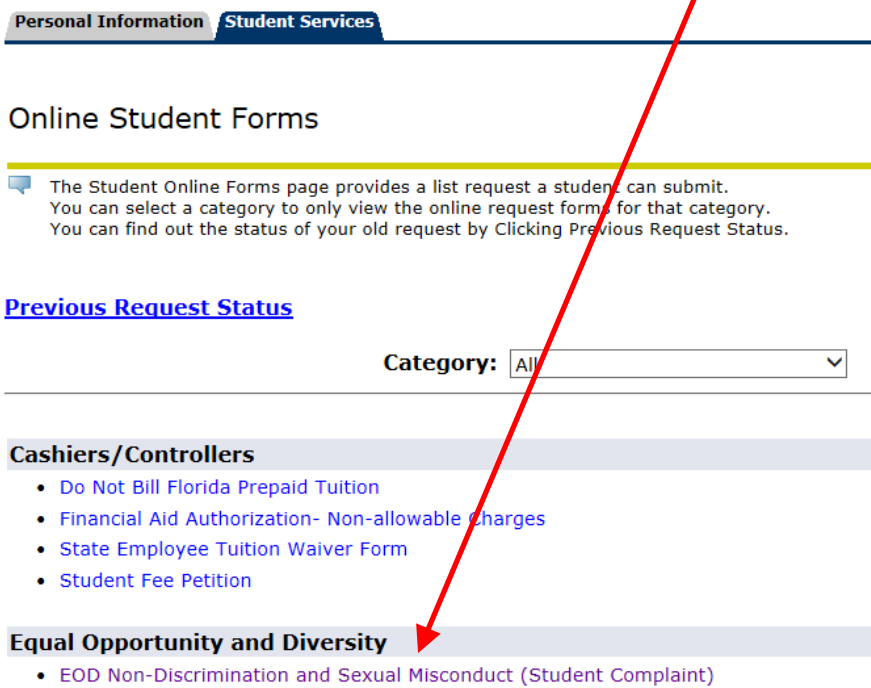
A screenshot of the UNF myWings dashboard. At the top left is the UNF logo with a stylized eagle. Below it, the text "UNF | myWings" is displayed. In the top right corner, it says "Welcome You are cu". Below the logo is a horizontal navigation bar with three tabs: "Home", "Student", and an unlabeled tab. The "Student" tab is highlighted. Below the navigation bar are two main sections. The left section is titled "My UNF Bill" and contains a list of links: "View & Pay My Bill", "View & Pay My Bill [via Mobile Device]", "Parking Account", and "Financial Aid Authorization". Below this is a section titled "Financial Aid Requirements" which states "You have no Financial Aid Requirements for this aid year. Aid Year 2014-2015". The right section is titled "My Records" and contains a list of links: "ACE Advising, Tutoring and Workshops", "Course Schedule", "Degree Evaluation [Program of Study]", "My Osprey Map [Course Sequence Guide]", "My Financial Aid Awards", "My Sign-In History", "My UNF Communications", "Scholarship Application", "Student Holds", "Student Self Service", "1098T", and "View & Pay My Bill [Online Payment Tut". A red arrow points from the "Student" tab to the "Student Self Service" link in the "My Records" section.

4) Select "Online Forms"



The screenshot shows a navigation bar with two tabs: "Personal Information" and "Student Services". Below the tabs is the heading "Student Services". A yellow horizontal line separates the heading from the menu items. The menu items are: "Admissions" (with a sub-description: "Review existing applications, their status, and the status of supporting requirements."), "Fraternity/Sorority Officer Information" (with a sub-description: "Area only accessible to current Fraternity and Sorority Chapter Presidents"), "Online Forms" (with a sub-description: "Florida Pre-Paid Opt-out, Fee Petition, Financial Aid Authorization"), "Online Form Status" (with a sub-description: "Review the current status of any online form you submitted."), and "Registration" (with a sub-description: "Check your registration status; Add or drop classes; Select variable credits, grading modes, or"). A red arrow points from the "Online Forms" link to the "Fraternity/Sorority Officer Information" sub-description.

5) Under **Equal Opportunity and Diversity** select "EOD Non-Discrimination and Sexual Misconduct (Student Complaint)"

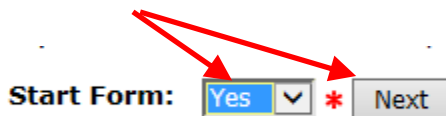


The screenshot shows the "Online Student Forms" page. At the top, there is a navigation bar with "Personal Information" and "Student Services" tabs. Below the tabs is the heading "Online Student Forms". A yellow horizontal line separates the heading from the instructions. The instructions are: "The Student Online Forms page provides a list request a student can submit. You can select a category to only view the online request forms for that category. You can find out the status of your old request by Clicking Previous Request Status." Below the instructions is a link "Previous Request Status". Underneath is a "Category:" label followed by a dropdown menu showing "All". A red arrow points from the "Previous Request Status" link to the "Equal Opportunity and Diversity" category in the list below. The list has two categories: "Cashiers/Controllers" and "Equal Opportunity and Diversity". The "Equal Opportunity and Diversity" category is highlighted in grey and contains a sub-item: "EOD Non-Discrimination and Sexual Misconduct (Student Complaint)".

6) Read the instructions at the top of the page.

7) Select "Yes" for **Start Form**

8) Click **Next**



The screenshot shows the "Start Form:" label followed by a dropdown menu with "Yes" selected and a red asterisk icon to its right. To the right of the dropdown is a "Next" button. Two red arrows point to the "Yes" dropdown and the "Next" button.

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


EOD Non-Discrimination and Sexual Misconduct (Student 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: John
First Name: Smith
Student ID (N#): N00000001
Home Address: 1111 Test Lane
Jacksonville FL 32224
Phone Number: (904) 555-5555
E-mail: n00000001@ospreys.unf.edu

10) 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

Active Employee Directory Search

Last, First (Dept - Title): %john

102 Results Found:

Last, First (Dept - Title)
Anderson, John E (Physics - Senior Research Lecturer)
Archer, John M (Brooks College of Health Administration - Adjunct)
Bishop, John T (Physical Facilities - Control Systems Tech)
Boles, John C (Learn Jacksonville - OPS PART-TIME INSTRUCTOR)
Campbell, John T (Housing / Residence Life - Resident Assistant)
Chapman, John M (English - Instructor)
Cofield, John T (Golf Learning Center - Range Clerk)
Carrick, Corey T (Biology - Grad Resch Asst - Johnson)
Curet, John E (Sports Clubs - Building Operator)

- 11) 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

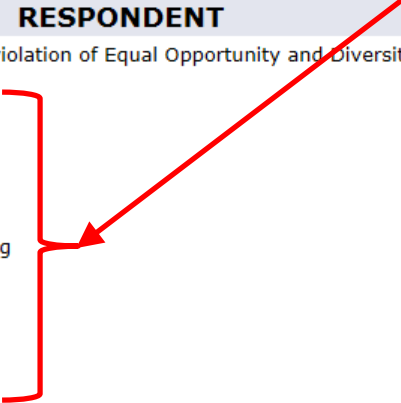
First Name: Jane

College/Dept: Enrollment Services Processing Office

Postion/Title: Admissions Evaluator

Classification: Support Staff Non-Ex FT PO

Phone Number: (904) 620-2800



- 12) 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		

- 13) 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			

14) Select the date the incident occurred.

DATE CONDUCT OCCURRED

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

Select Date: *

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

Witness 1:

Name:

Address:

Phone:

Witness 2:

15) 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:

16) 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

17) 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.)

18) 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:

19) 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 *

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

Submit your request.

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

- NOTE: You can check on the status of your request by clicking on the link “[Previous Request](#)” at the top of the **Online Forms** page.

EOD Non-Discrimination and Sexual Misconduct (Student Complaint)

✓ Your request was submitted.

You can find all your EOD Non-Discrimination and Sexual Misconduct (Student Complaint) request(s) and their status by clicking [Online Student Form Status](#).

[[Online Forms](#)]

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Online Student Forms

The Student Online Forms page provides a list request a student can submit. You can select a category to only view the online request forms for that category. You can find out the status of your old request by Clicking Previous Request Status.

[Previous Request Status](#)

Category: All

Cashiers/Controllers

- [Do Not Bill Florida Prepaid Tuition](#)
- [Financial Aid Authorization- Non-allowable Charges](#)

Personal Information **Student Services** SITE MAP HELP EXIT

Student Online Request Status

John Smith

Request Type	Request Submitted	Request Status	Status Date	Request Form
EOD Non-Discrimination and Sexual Misconduct (Student Complaint)	12/1/2015 11:27 AM	Pending EOD Investigation Complete	12/1/2015 11:27 AM	View

[[Online Forms](#)]

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