

**UNIVERSITY OF VIRGINIA**

**AUTHORIZATION TO FILE A BIAS COMPLAINT FORM**

Name (print): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

I, the undersigned student, hereby request and authorize \_\_\_\_\_ (name of U.Va. official) to file a Bias Complaint Form on my behalf. I have reviewed the information reported in the Bias Complaint Form and certify that it is correct to the best of my knowledge.

I understand that after the Bias Complaint Form is filed, it will be forwarded to the University's Executive Vice President and Chief Operating Officer, the Vice President and Chief Officer for Diversity and Equity, the Vice President and Chief Student Affairs Officer, the dean on call, the University Police Department, and possibly to other University officials involved in any subsequent monitoring, investigation and/or adjudication of the incident.

I also understand that a representative from the Office of the Dean of Students will contact me regarding my complaint.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date