Preventing and Addressing Discrimination, Harassment and Retaliation (PADHR) Complaint Form

A. Personal Information

Name: _____________________________________________________________
(first name) (middle initial) (last surname)

Mailing Address: ____________________________________________________

Check your preferred contact method below:

☐ E-Mail Address: ____________________________________________________

☐ Work Phone: ____________________ ☐ Home Phone: ____________________ ☐ Other (Mobile): ____________________

B. Affiliation

☐ Employee: Department: ____________________________________________
Your UVa Computing ID (ex. ms123k): ____________________
Position Title: ____________________________________________________
Supervisor’s Name: ________________________________________________

☐ Student: ☐ Undergraduate ☐ Graduate Your UVa Computing ID (ex. ms123k): ____________________

☐ Job Applicant ☐ Other: ___________________________________________________________________

C. How did you hear about EOP?

☐ Online Training ☐ Referred by: ____________________ ☐ Other: ____________________

☐ In-person presentation ☐ Website: ____________________

D. Basis of Your Complaint* (Protected Characteristic) – check all that apply

FOR EXAMPLE, if you believe that you were treated worse than someone else because of race, you should check the box next to Race. If you believe you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. Please check the Retaliation box if you believe you were treated adversely because you complained about discrimination, participated in someone else’s complaint, or you filed a complaint or charge of discrimination.

☐ Age ☐ Marital Status ☐ Retaliation
☐ Color ☐ National/Ethnic Origin ☐ Sex (including pregnancy)
☐ Disability ☐ Political Affiliation ☐ Sexual Orientation
☐ Family Medical and Genetic Information ☐ Race ☐ Veteran Status
☐ Gender Identity ☐ Religion

If you checked age, national/ethnic origin, genetic information, marital status, political affiliation, religion, sexual orientation, and/or veteran status, how did the person(s) you believe discriminated against or harassed you obtain the information?

*IMPORTANT: For reports of sexual assault, sexual exploitation, intimate partner violence, stalking, and sexual and gender-based harassment, please refer to the Policy on Sexual and Gender Based Harassment and Other Forms of Interpersonal Violence or visit: http://titleix-vawa.virginia.edu/
E. Explanation of Circumstances
Describe what happened to you that you believe was discriminatory. Include date(s), the action(s) at issue, and the name(s) and title(s) of the person(s) who you believe discriminated against you. If needed, use page 4 to add additional information. (Example: Date of Action: 10/02/06 – Action: Discharged by Mr. John Doe, Production Supervisor)

1. Date of Action: | Action: |

   a. Respondent(s) - Name and Title of Person(s) Responsible: |

   b. Why do you believe that this action was discriminatory? |

   c. What reason was given to you for the acts that you consider discriminatory? |

   d. Are there any witnesses to the alleged discriminatory incidents? Include full name, job title, contact information and what information they may provide.

2. Date of Action: | Action: |

   a. Respondent(s) - Name and Title of Person(s) Responsible: |

   b. Why do you believe that this action was discriminatory? |

   c. What reason was given to you for the acts that you consider discriminatory? |

   d. Are there any witnesses to the alleged discriminatory incidents? Include full name, job title, contact information and what information they may provide.
**F. Similar or Same situation and treatment**

For example, who else applied for the same job you did, who else violated the same policy, or who else had the same performance? Provide the protected characteristic of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. *If needed, use page 4 to add additional information.*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Of the persons in the same or similar situation as you, who was treated <strong>better</strong> than you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Full Name</td>
<td>Protected characteristic (e.g. race, age, etc.)</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>Description of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Full Name</td>
<td>Protected characteristic (e.g. race, age, etc.)</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>Description of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Of the persons in the same or similar situation as you, who was treated <strong>worse</strong> than you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Full Name</td>
<td>Protected characteristic (e.g. race, age, etc.)</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>Description of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Full Name</td>
<td>Protected characteristic (e.g. race, age, etc.)</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>Description of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Of the persons in the same or similar situation as you, who was treated the <strong>same</strong> as you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Full Name</td>
<td>Protected characteristic (e.g. race, age, etc.)</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>Description of Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Full Name</td>
<td>Protected characteristic (e.g. race, age, etc.)</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>Description of Treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**G. Acknowledgement**

*By completing and submitting this form, I am initiating a complaint which I request the Office of Equal Opportunity Programs to investigate in accordance with the PADHR Complaint Procedures. I certify that the information I have provided is true and accurate to the best of my knowledge.*

**Signature**

**Date**

*Please submit the form to the University of Virginia, Office of Equal Opportunity Programs*

*Mailing Address:* PO Box 400219, Washington Hall, East Range, Charlottesville, VA 22904

*Email:* uvaeop@virginia.edu

*Fax:* (434) 924-1313

*For questions, please contact EOP at (434) 924-3200.*