



Complaint Form (This form is only to be used to file a complaint of discrimination, harassment, and/or retaliation.)

I. Personal Information

Name: [] Ms. [] Mr. [] Miss [] Mrs. (first name) (middle initial) (last/surname)
Check your preferred contact method below:
[] E-Mail:
[] Work Phone:
[] Home Phone:
[] Other (Cell):

II. Affiliation

[] Employee: Department: Position Title: Supervisor's Name:
[] Student: [] Undergraduate [] Graduate (please check one)
[] Other:

III. Respondent(s) - person(s) against whom the complaint is being filed

1) Name: [] Ms. [] Mr. [] Miss [] Mrs. (first name) (middle initial) (last/surname) Title/Department:
If applicable:
2) Name: [] Ms. [] Mr. [] Miss [] Mrs. (first name) (middle initial) (last/surname) Title/Department:

If there are additional Respondents, please identify them in Section VIII on Page 2 of this form.

IV. Basis of Your Complaint - check all that apply

[] Age [] National/Ethnic Origin [] Retaliation
[] Color [] Political Affiliation [] Sex (including pregnancy)
[] Disability [] Race [] Sexual Orientation
[] Family Medical and Genetic Information [] Religion [] Veteran Status
[] Other/Aren't Sure - Explain:

V. Explanation of Circumstances

Describe what you believe to be discrimination, harassment, and/or retaliation, include details about any harm you have suffered. List each incident, including the date, and provide any other details which support your complaint. Identify all persons involved. If necessary, continue in Section VIII on Page 2 of this form.

VI. Witnesses

List everyone you believe can provide relevant information regarding your complaint. Include all contact information (i.e., phone, email address) for each witness as well as a brief explanation of the witness' knowledge. If necessary, continue in Section VIII on Page 2 of this form.

VII. How did you hear about EOP or who referred you to EOP?

VIII. 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 its Complaint Procedures. I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature Date

Please return to the Office of Equal Opportunity Programs at PO Box 400219, Washington Hall, East Range, Charlottesville, VA 22904 or fax to (434) 924-1313. For questions, please contact EOP at (434) 924-3200.

