

OFFICE OF EQUITY AND DIVERSITY

Name of Complainant _____

Department _____ Campus _____

Phone Number _____ Email _____

Status of Complainant Staff Faculty Student Fellow Medical Resident Post Doc Other: _____

Type of Complaint Discrimination Harassment

Basis of Complaint:

- Race Religion Color National Origin Age Sex/Gender Sexual Orientation
 Gender Identity Disability Pregnancy Marital Status Parental Status
 Sexual Harassment Sexual Assault Sexual Violence Veteran Status Military Service Retaliation

Name of Respondent(s) _____

Department _____ Campus _____

Status of Respondent(s) Staff Faculty Student Fellow Medical Resident Post Doc Other: _____

Relationship of Respondent(s) to Complainant

- Coworker Supervisor Client/Customer Faculty Student Fellow Medical Resident Post Doc
 Other: _____

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.
If additional space is needed, use reverse side of paper or attach additional sheet(s)

Formal Discrimination and Harassment Complaint Form - Page 2

Has anyone witnessed the alleged behavior? Yes No

If yes, please list names and contact information:

Did you take any action to stop the alleged behavior? Yes No

If yes, please summarize the action taken:

How would you like to see the situation resolved?

Additional information or comments:

I am aware that an informal process is available to resolve the complaint, and feel that a formal complaint is appropriate to resolve the discrimination and harassment I allege in this complaint. I understand that I may have rights to relief under the state and federal laws, and that complaints of discrimination may be filed with state and federal civil rights agencies. I agree to cooperate within reason with any investigation conducted by the university into this matter, and I understand that if I am found to have knowingly misstated any material fact in this complaint I may be subject to discipline in accordance with applicable University policies and procedures for students and employees.

Signed: _____ Dated: _____ / _____ / _____

Please return this form to:

Office of Equity and Diversity - 920 Madison Avenue, STE 825 Memphis, TN 38163 (901) 448-2112 Fax: (901) 448-1120