

# NON-TITLE IX FORMAL DISCRIMINATION AND HARASSMENT COMPLAINT FORM

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
- Military Service  Veteran Status  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)

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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:**  
hsc-oied@uthsc.edu  
Office of Inclusion, Equity, and Diversity,  
920 Madison Avenue, STE 825 Memphis, TN 38163  
(901) 448-2112 Fax: (901) 448-1120