

COMPLAINT FORM

Submit To:

University of Florida
Human Resource Services
Box 115003 (903 West University Avenue)
Gainesville, FL 32611
352-392-1726 Fax

Today's Date

Status: ☐ Student ☐ Faculty
☐ TEAMS ☐ USPS
☐ OPS ☐ Applicant
☐ Former Student ☐ Former Employee
☐ Other _____

I. COMPLAINANT (If more than one Complainant, please complete a separate form. Add additional pages if necessary.)

Complainant (Name & Title) _____

Department _____ UFID # _____

Address (University) _____ Work Phone _____

Address (Residence) _____ Home Phone _____

City / State / Zip _____ Cell Phone _____

II. TYPE & BASIS OF COMPLAINT (Check the boxes that apply.)

Type of Complaint: ☐ Discrimination ☐ Harassment ☐ Retaliation ☐ Sexual Harassment

Basis of the Complaint: ☐ Race ☐ Ethnicity ☐ Gender ☐ Sexual Orientation

☐ Religion ☐ Age ☐ Disability ☐ Marital Status

Level of Complaint: ☐ Informal ☐ Formal

III. RESPONDENT (person accused). Add additional pages if necessary.

Respondent #1 (Name & Title) _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

_____ Mobile Phone _____

Respondent's Status: ☐ Student ☐ Faculty ☐ TEAMS ☐ USPS ☐ OPS ☐ _____

Respondent #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

_____ Mobile Phone _____

Respondent's Status: ☐ Student ☐ Faculty ☐ TEAMS ☐ USPS ☐ OPS ☐ _____

IV. DETAILS OF COMPLAINT (Explain your complaint in detail. Add additional pages if necessary.)

- a) Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List the times, dates, location, names and titles of the people involved in the incident(s).

- b) State the specific reason(s) why you believe the Respondent(s) discriminated, harassed and/or retaliated against you.

V. WITNESSES (List those witnesses with specific information about your complaint. Add additional pages if necessary.)

Witness #1 (Name) _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

_____ Mobile Phone _____

Witness' Status: ☐ Student ☐ Faculty ☐ TEAMS ☐ USPS ☐ OPS ☐ _____

What specific information can this witness provide?

Witness #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

_____ Mobile Phone _____

Witness' Status: ☐ Student ☐ Faculty ☐ TEAMS ☐ USPS ☐ OPS ☐ _____

What specific information can this witness provide?

VI. SUPPORTING MATERIALS / DOCUMENTS

(List any written materials or other documents you believe may help in investigating your complaint. Provide the name, date, and explanation of the contents of the material/document listed. Add additional pages if necessary.)

Name of Item #1 _____
 Date of Item #1 _____
 Explanation of Contents _____

 A copy of this material is attached: ☐ Yes ☐ No

Name of Item #1 _____
 Date of Item #1 _____
 Explanation of Contents _____

 A copy of this material is attached: ☐ Yes ☐ No

Name of Item #1 _____
 Date of Item #1 _____
 Explanation of Contents _____

 A copy of this material is attached: ☐ Yes ☐ No

VII. COMPLAINT RESOLUTION

What would resolve your complaint?

VIII. COMPLAINANTSIGNATURE

I attest to the completeness and accuracy of this complaint and any attached documents.

 Signature of Complainant Date