

**COMPLAINT FORM**

**Submit To:**

University of Florida  
 Office of Institutional Equity & Diversity  
 Human Resource Services  
 Box 115000 (903 West University Avenue)  
 Gainesville, FL 32611  
 352-392-5495 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     \_\_\_\_\_

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**Respondent #2** (Name & Title) \_\_\_\_\_

Address (Work) \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_

Address (Home) \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Mobile Phone \_\_\_\_\_

Respondent's Status:     Student     Faculty     TEAMS     USPS     OPS     \_\_\_\_\_



**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