

**EQUAL OPPORTUNITY GRIEVANCE FORM
THE UNIVERSITY OF OKLAHOMA**

This form may be used on the Norman, Health Sciences Center, and Tulsa campuses.

Instructions:

The University of Oklahoma is committed to providing educational and working environments that are free from discrimination and/or harassment. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the Equal Opportunity Grievance Procedure. In particular, you should review the information on the time limits for filing a complaint as specified in the procedure. It is not a requirement that you use this form in order to file a complaint. If you do choose to use this form, please include all the information requested below in your complaint. By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process. Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process. Please note that information provided on this or any other form is not considered an official complaint unless it is signed by you and dated. Discrimination complaints may not be submitted by e-mail.

Upon receipt of your complaint, the University will review it. If it is determined that your complaint is complete, timely and raises covered issues, an investigation will be initiated and, unless staff, faculty or student privacy laws prohibit you will be informed of the outcome of the investigation.

To investigate your complaint, it may be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegations or defenses. The University will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action.

It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process.

Submit Discrimination Complaints by mail or in person to:

Institutional Equity Office
Office of Equal Opportunity
The University of Oklahoma
660 Parrington Oval, Suite 102
Norman, Oklahoma 73019-3071

In person or by campus mail to:

Office of Equal Opportunity
The University of Oklahoma
Evans Hall, 102

Complainant	Last Name:	First Name:	Middle Initial:
	Job Title:		EmplID:
Department Campus Address:			Phone:
Home Address:			Home Phone (required):

Respondent	Last Name:	First Name:	Middle Initial:
Job Title:		Phone:	
Department Campus Address:			

Type of complaint: (Complaints must be filed within 365 days of the date of the discriminatory act.)

<input type="checkbox"/> Age discrimination	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Consensual Sexual Relationship	<input type="checkbox"/> Religious discrimination
<input type="checkbox"/> Disability discrimination	<input type="checkbox"/> Sex discrimination
<input type="checkbox"/> National Origin discrimination	<input type="checkbox"/> Sexual harassment/Sexual assault
<input type="checkbox"/> Racial/Ethnic discrimination	<input type="checkbox"/> Veteran discrimination
<input type="checkbox"/> Racial harassment	<input type="checkbox"/> Political affiliation
<input type="checkbox"/> Sexual Orientation	

Nature of alleged discrimination: _____
 (Sexual harassment; discrimination on the basis of your race, sex, sexual orientation, national origin, age, disability, color or religion, status as a veteran, political affiliation; or retaliation because you previously filed a complaint.)

List Incident or Issue	Date Occurred
Describe in detail the specific incident that is the basis of the alleged discrimination: <i>(Describe each incident of harassment, discrimination or retaliation separately. Please be as detailed as possible, giving names, dates and places; include phone numbers and addresses if possible. Use additional paper if needed.)</i>	

Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe:	
Describe why you believe the incident you described was related to whatever basis you indicated above, or why you believe you were retaliated against:	
List and describe all documents, e-mails, records, materials and other evidence pertaining to your complaint:	
List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint:	

Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a University supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution.	
Please submit any additional information pertaining to the alleged discrimination:	
Describe the injury or harm you suffered because of the alleged discrimination:	
What would you like the University to do as a result of your complaint – what remedy are you seeking:	

If an advisor will assist you in the complaint process, indicate the individual's name, title, address and telephone number:	
<p>Complaint Acknowledgment:</p> <p>I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are true and correct to the best of my knowledge.</p> <p>I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender (“respondent”). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe support my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.</p> <p>I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.</p>	

Signature of Complainant:	Date of Filing:
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