



**Equal Opportunity Office**  
 500 W. University Avenue  
 Kelly Hall, Room 302  
 (915) 747-5662  
[eoaa@utep.edu](mailto:eoaa@utep.edu)

## EQUAL OPPORTUNITY & TITLE IX COMPLAINT FORM

### Instructions:

The University of Texas at El Paso (UTEP) is committed to providing an employment and academic environment that is free from discrimination and harassment. If a person believes to have been the subject of discrimination or harassment, it should be reported immediately to the Office of Equal Opportunity.

Prior to completing this complaint form, it is important for you to be fully informed about UTEP’s complaint and investigation procedures, including timelines for filing a complaint. The University’s complete policies on Equal Opportunity/Non-Discrimination, Sexual Harassment and Misconduct, and Accommodations for Individuals with Disabilities are available at the Equal Opportunity Office and online at <http://admin.utep.edu/Default.aspx?tabid=30200>. **It is important to provide as much detail as possible when completing this form to better assist the investigators in the fact-gathering process.**

Upon receipt of your complaint, it will be reviewed to determine if your complaint is complete and raises covered issues. You will be notified of the status of your complaint as quickly as possible.

It is required that you, the Complainant, sign & date this form. It is the expectation of the University that those who file a complaint pursuant to the University’s non-discrimination and harassment policies **will remain active and cooperative in the complaint resolution process and will maintain strict confidentiality at all times.**

### Complaint type:

- Informal Complaint**       **Formal Complaint**

### Details of complaint:

**Discrimination**

**Please indicate the protected class for the alleged discrimination:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Color              | <input type="checkbox"/> Disability     | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> National Origin    | <input type="checkbox"/> Race           | <input type="checkbox"/> Religion        |
| <input type="checkbox"/> Sex                 | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status |  |

**Dates of alleged discrimination:**

From: \_\_\_\_\_ To: \_\_\_\_\_

- Sexual Harassment/ Sexual Misconduct** (Form of sex discrimination, unwelcome sexual advances, request for sexual favors, and other conduct of sexual nature)
- Title IX** (Discrimination on the basis of sex in all areas of education)
- Retaliation** (Filed a complaint of discrimination under UTEP’s Equal Opportunity (EO) policies or participated in an investigation)

**Type of complaint:** \_\_\_\_\_

**Dates of complaint submitted:** \_\_\_\_\_

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## Complainant information:

Name (Last, First): \_\_\_\_\_

Mailing Address (street, City, State, Zip code): \_\_\_\_\_

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Contact Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Type of affiliation to UTEP:

UTEP Student

Student ID/80# : \_\_\_\_\_

UTEP Employee

Employee ID/80# : \_\_\_\_\_

Current Position: \_\_\_\_\_

Department: \_\_\_\_\_

Other: \_\_\_\_\_

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## This complaint is being filed against:

(The person(s) directly responsible for the alleged violation)

Name (Last, First): \_\_\_\_\_

### Type of affiliation to UTEP:

UTEP Student

UTEP Employee

Current Position: \_\_\_\_\_

Department: \_\_\_\_\_

Other: \_\_\_\_\_

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Please provide detailed responses to the question below regarding your complaint:

(If necessary, please use separate sheet of paper and attach)

1. List any witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint. Include contact information (phone numbers, e-mail addresses) when possible.
2. 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, identify the individual to whom you made the report, the date you made the report, any action taken and the resolution.
3. Who else have you told about your complaint? (Name, title, department, date, etc...)
4. What would you like the University to do as a result of your complaint—what remedy or resolution are you seeking?

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5. Describe in detail the specific conduct or incident(s) that is/are the basis of the alleged discrimination. In your description please include the following:
- Names, dates, locations relevant to your complaint.
  - Why you believe the behavior/incident(s) are related to the basis for discrimination you indicated above (race, sex, age, etc...).
  - Documents, records, e-mails, or other potential information pertaining to your complaint.
  - Any other relevant information pertaining to your complaint.

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## Acknowledgement:

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. Complaints are taken seriously, and therefore, any complaints alleged in a manner of fabrication with wrongful intent will be dismissed; and the individual(s) may be subject to disciplinary action. Also, retaliation against individuals who have filed a complaint/charge, or participated in an investigation or opposed any unlawful practice is prohibited & may subject the person who retaliates to disciplinary action.

I understand and acknowledge that a copy of this complaint, along with the attachments, may be furnished to the alleged offender ("respondent"). I have attached to this complaint any supportive evidence and/or documentation such as e-mail, records, materials which I believe supports 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 information the University deems relevant.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**After completing the following page of this complaint in which you will provide a statement that documents the details of your complaint, please submit the completed forms to:**

### Concerns related to faculty or staff should be reported to:

**Equal Opportunity Office**  
500 W. University Avenue  
Kelly Hall, Room 302  
(915) 747-5662  
[eoaa@utep.edu](mailto:eoaa@utep.edu)

### Concerns related to students should be reported to:

**Office of Student Conduct and Conflict Resolution**  
500 W. University Avenue  
Union East, Room 303  
(915) 747-8694  
[studentconduct@utep.edu](mailto:studentconduct@utep.edu)

The University's full policies regarding equal opportunity/non-discrimination and sexual harassment, including complaint resolution procedures are available in the University's Handbook of Operating Procedures <http://admin.utep.edu/Default.aspx?tabid=30200>