**COMPLAINT INFORMATION FORM**

Texas State University is committed to providing an educational and working environment that is free from discrimination. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the policy on Discrimination ([UPPS No. 04.04.46](http://www.txstate.edu/effective/upps/upps-04-04-46.html)). You must complete and submit this form as soon as possible following the alleged incident. By being as specific as possible when discussing incidents of discrimination, you will assist the investigators in the fact-gathering process. Be sure to include the dates the incidents occurred, the names of the person(s) involved and the names of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials that 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.

**Procedure:**  You may file a complaint with the Office of Equity and Inclusion (OEI) in person, by regular mail, or by email. Generally, OEI will need all of the information below. You may print this form and bring it to the office in person, mail the form to OEI, or submit it by email. To discuss your complaint with a member of the Office of Equity and Inclusion, you may schedule a meeting in person, via telephone, or email at the contact information provided at the end of the form.

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| **GENERAL INFORMATION**  |
| **Complainant** (Person filing the complaint) |       |
| **University Status:**  | [ ]  Student [ ]  Staff [ ]  Faculty [ ]  Other:       |
| **Department** |       |
| **Campus/Location** |       |
| **Phone** (###-###-####) |       |
| **E-mail** |       |
| **What is the best way to contact you?** | [ ] Phone [ ] E-mail [ ]  Other:       |
| **What days/times are you available?** |       Mon       Tues       Weds       Thurs       Fri |
| **Respondent** (Person(s) the complaint is about) |       |
| **University Status:**  | [ ]  Student [ ]  Staff [ ]  Faculty [ ]  Other:       |
| **Department** |       |
| **Campus/Location** |       |
| **Phone** (###-###-####) |       |
| **E-mail** |       |
| **TYPE OF COMPLAINT: (Select all that apply)**  |
| [ ]  Discrimination [ ]  Retaliation  | [ ]  Harassment[ ]  Stalking  | [ ]  Sexual Harassment[ ] Other:       | [ ]  Sexual Violence (including Domestic Violence) |
|  |
| **BASED ON: (Select all that apply)** |
| [ ]  Race | [ ]  Ethnic or National Origin | [ ]  Gender  | [ ]  Sexual Orientation  |
| [ ]  Gender Identity | [ ]  Color  | [ ]  Religion  | [ ]  Age  |
| [ ]  Ancestry | [ ]  Genetic Information  | [ ]  Disability | [ ]  Military Status  |
| [ ]  Veteran Status  |  |  |  |
| [ ]  Retaliation (identify earlier event (i.e., filed a complaint, participated in the resolution of a complaint) and/or opposed discriminatory practice, provide the date)       |

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| **INCIDENT IMPACTED:** |
| [ ]  Employment  | [ ]  On-campus housing environment  |
| [ ]  Academic performance, academic opportunities or learning  environment | [ ]  Other       |
| [ ]  Participation in a university-sponsored event or program(s) |  |

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| **EXPLANATION OF INCIDENT(S):**       |

Please provide as much information as possible including but not limited to the specifics of the conduct, the dates and locations of the conduct, and the impact the conduct has had on the complainant’s employment, learning or living environment, or the complainant’s ability to participate in university programs. Attach additional pages and relevant documents to provide as much information as possible.

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**Additional documents included with Complaint?** [ ]  Yes [ ]  No

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| **WITNESS INFORMATION**  |
| **NAME** |       |
| **EMAIL ADDRESS** |       |
| **PHONE NUMBER** |       |
| **NAME** |       |
| **EMAIL ADDRESS** |       |
| **PHONE NUMBER** |       |
| **NAME** |       |
| **EMAIL ADDRESS** |       |
| **PHONE NUMBER** |       |

What would you like to see happen as a result of your complaint?

I certify that the information I have provided on this Complaint Information Form is true and accurate to the best of my knowledge and belief.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Complainant Date

**Filing Deadline:**  Complainants should report discrimination in writing as soon as possible following the alleged incident to the Office of Equity and Inclusion. Complaints sent by mail are considered submitted on the postmark date. Complaints sent electronically will be considered filed on the day the complaint is sent.

**Confidentiality:** Complaints are confidential and will not be disclosed to anyone who does not have a need to know. This requirement applies to complainants, respondents, witnesses, and any others involved with a complaint.

If you believe criminal conduct has occurred, then you should make a criminal complaint to the police. The criminal justice system and this investigation are separate procedures; however, reports must be made under both procedures to ensure that both will go forward.