

Prairie View A&M University
Office of Equal Opportunity and Affirmative Action

Complaint Form

Prairie View A&M University is committed to the prompt resolution of complaints in a manner consistent with university policies and procedures. This form is to be used to ensure that the necessary steps for reaching a resolution are completed. Please feel free to attach additional sheets of information that you feel are relevant and/or necessary. The Equal Opportunity Officer will assist you in completing this form if you wish.

Complainant

Name: _____
 Student: _____ Classification: _____ Major: _____ Work-Study ___ Yes ___ No
 Employee: ___ Title: _____ Department: _____ Supervisor: _____
 Where do you prefer to be contacted? Work _____ Home: _____ Work Number: _____
 Home Number: _____ Address: _____

Were you discriminated against with regard to your rights in:

Employment: _____ Education: _____ Retaliation: _____

Were you discriminated against because of your:

Race: _____ Color: _____ National Origin: _____ Age: _____

Religion: _____ Sex (Gender): _____ Disability: _____ Veteran Status: _____

Sexual Harassment: _____

Who discriminated against you? (The individual(s) who the complaint is against)

Name: _____
 Student: _____ Employee: _____ Both: _____ Department: _____
 Work Number: _____ Home Number: _____
 Address: _____

When? (Time Limit is within last 30 days)

Date first incident took place: _____ Date of most recent incident: _____

Where?

Where did these incidents occur? _____

Witnesses: List any witnesses to the incidents. This is not a requirement for a complaint to be investigated, but could help substantiate your complaint. Add extra pages, if necessary. On a second sheet, please explain what you think each witness will be able to tell us.)

<u>Name</u>	<u>Job Title</u>	<u>Telephone No. @ Work</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

With whom have you discussed the incidents? List anyone with whom you have discussed it, both individuals inside PVAMU and outside. Include any supervisors, managers and fellow employees, as well as anyone outside the University with whom you have discussed your concerns.

<u>Name</u>	<u>Job Title</u>	<u>Date</u>	<u>Telephone @ Work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who have you contacted for help regarding this complaint?

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date: _____

Statement of events provided by Complainant:

Please provide a detailed statement of the events, including dates, places and names of witnesses. Please attach additional sheets if you need more space.

Describe the injury or harm you suffered because of the alleged discrimination:

Remedies sought by Complainant:

What would you like the University to do as a result of your complaint – what remedy are you seeking?

Complaint Acknowledgement:

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances occurred as I have described them.

I acknowledge that I have been provided a copy of the University's policy relating to this complaint.

I understand, acknowledge 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 am willing to cooperate fully in the investigation and provide relevant evidence.

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 of Complainant

Date