



DEPARTMENT OF
HUMAN RESOURCES

University of Arkansas at Little Rock (UA Little Rock) Discrimination and Harassment Complaint Form

Instructions: The University of Arkansas at Little Rock is committed to providing a professional atmosphere that promotes equal opportunity and prohibits unlawful discriminatory practices based on race, color, sex, age, national origin, religion, veteran's status, disability, sexual orientation, gender identity, or genetics including harassment and retaliation. It is the responsibility of the Department of Human Resources to investigate and resolve all allegations of discrimination, harassment, and/or retaliation. Each grievance shall be handled promptly, thoroughly, and impartially, without any acts of coercion, discrimination, or retaliation.

Prior to completing this form, it is important for you to read the **Grievance Procedures for Complaints of Discrimination - University Policy 401.6**. Please review the policy in its entirety and note information regarding the time limits for filing a complaint.

It is not a requirement that you use this form to file a complaint. If you choose to use this form, please include all the information requested. By being as specific as possible when discussing incidents of discrimination, harassment, or retaliation, you will assist the Grievance Officer 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(s). 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 form or any other document is not considered an official complaint until the Grievance Officer confirms receipt. Upon receiving your complaint, the Grievance Officer will determine if your complaint is complete, timely, and falls within the grievance procedures.

If so, the Grievance Officer will follow those steps identified in the grievance procedures in processing your complaint. It is the expectation of the University that those who file a complaint do so in good faith and will remain active and cooperative in the complaint process. Any individual who knowingly and/or purposefully provides fraudulent information or misrepresentation of facts during the grievance process may be subject to disciplinary action up to and including termination.

I. PERSONAL INFORMATION

Name: _____ T Number: _____
Email Address: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: Home _____ Work _____ Cell _____

II. AFFILIATIONS – Check all that apply.

- Employee
Department: _____
Position/Job Title: _____
Supervisor: _____
Department Head: _____
- Student
Undergraduate
Graduate
Professional
- Other: _____

III. RESPONDENT(S), PERSON(S), DEPARTMENT(S) AGAINST WHOM THE COMPLAINT IS BEING FILED

Name: _____ Department: _____
Title: _____

IV. BASIS OF YOUR COMPLAINT – Check all that apply.

- Age
- Color
- Disability
- Gender Identity
- Genetic Information
- Harassment (non-sexual)
- Hostile Work Environment
- National Origin
- Pregnancy
- Race
- Religion
- Sexual Orientation
- Veteran's Status

****Sex/Gender based harassment** (including, but not limited to, sexual assault/misconduct, sexual harassment, domestic/dating violence, stalking, etc.), should be reported to the Office of Title IX. For more information, contact the Title IX Coordinator at 501-975-2556.

V. NATURE OF ALLEGATIONS

List incident or issue and date of occurrence(s). Attach additional pages if necessary.

VI. A. COMPLAINT STATEMENT

Describe, in detail, the specific incident that is the basis of the alleged discrimination, harassment, and/or retaliation. Describe each incident of harassment, discrimination, or retaliation separately. Please be as detailed as possible, giving names, dates, and places. Attach additional pages if necessary.

VI. B. COMPLAINT STATEMENT (CONTINUED)

Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe. Attach additional pages if necessary.

VII. WITNESS(ES)

List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint. Attach additional pages if necessary.

VIII. PRIOR REPORTS

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. (Attach additional pages if necessary)

IX. REMEDY OR RESULT

What would you like the University to do as a result of your complaint? What remedy are you seeking? (Attach additional pages if necessary)

X. Complaint Acknowledgment:

I certify, 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. 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, and materials that 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.

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 understand that knowingly and/or purposefully providing fraudulent information or misrepresentation of facts during the grievance process may be subject to disciplinary action up to and including termination.

I agree to abide by these guidelines.

Grievant's Signature

____/____/_____
Filing Date

Date Received by Grievance Officer: ____/____/_____

Signature of Grievance Officer: _____