

Office of Equal Opportunity, Access and Title IX Coordination
Campus Box 1025
Edwardsville, Illinois 62026-1025
Telephone: 618-650-2333
Fax: 618-650-2270

COMPLAINT FORM

Southern Illinois University Edwardsville is committed to prompt resolution of complaints in a manner consistent with our policies. This form is to be used so that we can be certain that all necessary steps for a resolution have been completed. If you prefer to send an email or letter, you should include information that addresses each section of this form. The Office of Equal Opportunity, Access and Title IX Coordination (EOA) will assist you in completing this form upon request.

I. COMPLAINANT (If more than one Complainant, complete separate form for each. Add additional pages if necessary.)

Complainant (Name & Title) _____

Department _____

Address (Work) _____ Work Phone _____

Address (Home) _____ Home Phone _____

Mobile Phone _____

E-mail Address (Work) _____ E-mail Address (Home) _____

Status: Student Faculty Staff Other: _____

II. TYPE & BASIS OF COMPLAINT (Check the boxes that apply.)

Type of Complaint Discrimination Harassment Retaliation Sexual Harassment/Misconduct

Basis of Complaint: Race National Origin Gender Sexual Orientation

Religion Disability Veteran Status Age

Other: _____

III. RESPONDENT (Person accused. Add additional pages if necessary).

Respondent # 1 (Name & Title) _____

Address (Work) _____ Work Phone _____

Status: Student Faculty Staff Other: _____

Respondent #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Status: Student Faculty Staff Other: _____

IV. DETAILS OF COMPLAINT (Explain your complaint in detail. Add additional pages if necessary).

- a) Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List the times, dates, location, names and titles of the people involved in the incident(s). **Please include date of most recent incident.**

- b) State the specific reason(s) why you believe you were discriminated, harassed, and/or retaliated against because of your protected class status (e. g. race, gender, age, disability, etc).

- c) 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.

- d) Please list those whom you've shared information about your complaint with.

V. WITNESSES (List those witnesses you believe have information about your complaint. Include complete information for each witness listed. Add additional pages if necessary).

Witness #1 (Name & Title) _____

Address (Work) _____ Work Phone _____

Home Phone _____ Mobile Phone _____

What information can this witness provide?

Witness #2 (Name & Title) _____

Address (Work) _____ Work Phone _____

Home Phone _____ Mobile Phone _____

What information can this witness provide?

VI. SUPPORTING MATERIALS/DOCUMENTS

(List any written materials or other documents you believe may help in investigating your complaint. Provide the name, date, and explanation of the contents of the materials/documents listed. Add additional pages if necessary).

Name of item #1 _____

Date of item #1 _____

Explanation of contents

Name of item #2 _____

Date of item #2 _____

Explanation of contents:

VII. REMEDIES OR RESOLUTION SOUGHT

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

b) What would resolve this complaint?

VIII. ACKNOWLEDGEMENTS

_____ I certify to the best of my knowledge the information that I have provided is accurate and the
(INITIAL) events and circumstances are as I have described them.

_____ I am aware that the University's policy relating to this complaint is accessible on the SIUE website and I
(INITIAL) can request a copy from an EOA representative at any time.

_____ I understand and acknowledge that a copy of this complaint, along with the attachments, will be
(INITIAL) furnished to the alleged offender. 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 am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

_____ I understand that this process is strictly confidential. I should refrain from discussing this matter with
(INITIAL) any third party, unless such discussion is necessary for the purposes of responding to the complaint and/or participating in the investigative process.

_____ I agree to abide by these guidelines.
(INITIAL)

If an advisor will assist you in the complaint process, please give the individual's name, title, address and telephone numbers:

Name: _____ Title: _____

Address: _____

Work Phone: _____ Home Phone: _____

Mobile Phone: _____

Is the advisor a lawyer? ___ Yes ___ No

Have you filed a complaint/grievance with any other agency? ___ Yes ___ No

If yes, with whom: _____

_____ Date: _____
Signature of Complainant