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?

If additional space is needed you may use a separate sheet of paper. Please note “See Attachment” in each section that you need additional space and note on the separate paper which section the additional information is for.
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?
EOA Complaint Form

VIII. ACKNOWLEDGEMENTS

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

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

_____ (INITIAL) I understand and acknowledge that a copy of this complaint, along with the attachments, will be 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.

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

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

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

If additional space is needed you may use a separate sheet of paper. Please note “See Attachment” in each section that you need additional space and note on the separate paper which section the additional information is for.