

THE UNIVERSITY OF OKLAHOMA

This form may be used on the Norman, Health Sciences Center, and Tulsa campuses.

EQUAL OPPORTUNITY GRIEVANCE FORM

The University of Oklahoma is committed to providing educational and working environments free from discrimination and/or harassment. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the Equal Opportunity Grievance Procedure. In particular, you should review the information on the time limits for filing a complaint as specified in the procedure. 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 below in your complaint. Being as specific as possible when discussing harassment, discrimination, or retaliation incidents, you will assist the investigators 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. 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 the information provided on this or any other form is not considered an official complaint unless you signed and dated it.

Upon receipt of your complaint, the University will review it. If it is determined that your complaint is complete, timely, and raises covered issues, an investigation will be initiated, and unless staff, faculty, or student privacy laws prohibit, you will be informed of the outcome of the investigation.

To investigate your complaint, it may be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegations or defenses. The University will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action.

It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process.

Submit Discrimination Complaints by email, mail, campus mail, or in-person to:

Institutional Equity Office
The University of Oklahoma
660 Parrington Oval, Suite 102 (Evans Hall)
Norman, Oklahoma 73019-3071
ieo@ou.edu

Use additional sheets of paper, if necessary, to answer the following questions

I) COMPLAINANT INFORMATION:

Select One:

- Faculty Staff Administration Student Student Employee Applicant
 Other: (i.e. Vendor, Visitor, etc.) _____

() Consensual Sexual Relationship

() Sex Discrimination

() Sexual Harassment/Sexual Assault

() Political Affiliation

() Other: _____

IV) NATURE OF ALLEGED DISCRIMINATION:

(Sexual harassment; discrimination on the basis of your race, sex, sexual orientation, national origin, age, disability, color or religion, status as a veteran, political affiliation; or retaliation because you previously filed a complaint.)

DATE CONDUCT OCCURRENCE: (If multiple list each occurrence and date, separately)

V) STATEMENT OF DISCRIMINATORY, HARASSING, OR RETALIATORY CONDUCT:
(Please describe in detail the incident(s) you consider to be discriminatory, harassing, or retaliatory. Also, please provide the date, location, first and last names of all individuals involved in each incident: include phone numbers and addresses.)
Use additional paper if needed.

VI) **INJURY/HARM SUFFERED: (i.e., Termination, Resignation, Suspension, Demotion, Written Reprimand, Lower Class Grade, Dropped the Class, Emotional Distress, Poor Performance Evaluation, etc.)**

VII) **Please complete the following questions:**

**Did the person you allege state the reason for the action prompting your complaint?
If yes, please describe:**

**List and describe all documents, e-mails, records, materials, and other evidence
pertaining to your complaint:**

**VIII) HAS THIS ALLEGATION(S) BEEN FILED IN ANY OTHER OFFICE, AND/OR AGENCY?
(i.e., as a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, official, etc.)**

() Yes () No If Yes, provide the following:

Name of Office/Agency: _____

Contact Person: _____

Telephone Number: () _____

Date of the filing: _____

Results of the filing:

IX) WHAT RELIEF/REMEDY TO YOUR COMPLAINT ARE YOU SEEKING?

X) IDENTIFY THE WITNESSES WHO WILL SUPPORT AND HAVE PERSONAL KNOWLEDGE OF YOUR ALLEGATION(S):

(Use an additional sheet of paper if needed)

Name: _____

Telephone Number:() _____

Email Address: _____

How do you know the witness (i.e., friend, fellow student in class, co-worker, supervisor, faculty colleague, etc.)? _____

Name: _____

Telephone Number:() _____

Email Address: _____

How do you know the witness (i.e., friend, fellow student in class, co-worker, supervisor, faculty colleague, etc.)? _____

Name: _____

Telephone Number:() _____

Email Address: _____

How do you know the witness (i.e., friend, fellow student in class, co-worker, supervisor, faculty colleague, etc.)? _____

XI) COMPARATIVES:
(List below the name(s) of any person who was treated more favorably than you under similar circumstances)

1. _____

2. _____

XII) Advisor:
If an advisor will assist you in the complaint process, indicate the individual's name, title, address, and telephone number:

Name: _____

Title: _____

Address: _____

Telephone Number:() _____

I certify that 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(s) "respondent." I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials that I believe support my allegation(s). 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 the nature of this complaint, correspondence, and all discussions conducted in the course of the investigation of the information contained in this complaint are confidential to the extent permitted by the law, and unauthorized disclosures of information concerning the investigation could result in disciplinary action.

I agree to abide by these guidelines.

Complainant's Printed Name : _____

Complainant's Signature : _____

Date: _____