

# COMPLAINT FORM FOR DISCRIMINATION, SEXUAL HARASSMENT, PROTECTED STATUS HARASSMENT & RETALIATION

Any person who believes that he or she has been the victim of discrimination, harassment or retaliation or has observed such behavior should immediately report this information to one of the designated University officials, such as your immediate supervisor, human resources, department chair, dean or director, or professor. Anyone who is uncomfortable reporting these concerns to one of these individuals may contact the Office of Inclusion. The Office of Inclusion provides guidance and assistance to all members of the university community including administrators, managers and supervisors, faculty and staff, applicants for employment, students, and recipients of university services, including visitors, who have questions about possible discrimination. With the permission of the individual raising the concern, Office of Inclusion staff members may also make inquiries with appropriate university officials based on issues raised during this process. Please visit our website at [www.uwex.uwc.edu/inclusion](http://www.uwex.uwc.edu/inclusion).

## CONTACT INFORMATION YOU PREFER TO USE FOR THE PURPOSE OF THIS COMPLAINT

Name:

Address:

Email:

Phone #:

Work Unit:

Supervisor:

## INSTITUTION WHERE THE ALLEGED INCIDENT(S) OCCURRED:

UW Colleges

UW-Extension

UWC/UWEX Integrated Unit

## RELATIONSHIP TO THE UNIVERSITY COMMUNITY (CHECK ALL THAT APPLY):

Faculty

Academic Staff (all appt types)

Classified Staff (all appt types)

Student Employee (all appt types)

Applicant for Employment

Volunteer

Registered Student

Activity or Program Participant

Applicant for Programs or Services

Visitor

Other (be specific)

## I FEEL I AM BEING DISCRIMINATED, HARASSED, OR RETALIATED AGAINST IN REGARD TO:

Employment

Educational Programs

Services or Activities

## INDICATE THE PROTECTED STATUS OR ACTIVITY YOU BELIEVE PROMPTED THE ALLEGED DISCRIMINATION, HARASSMENT, OR RETALIATION: (CHECK ANY THAT APPLY)

Race/Color

Ethnicity

Religion/Creed

Ancestry/Natl. Origin

Gender

Sexual Harassment

Pregnancy or Related

Marital/Parental Status

Age (40+)

Genetic Testing

Sexual Orientation

Sexual Identity/Expression

Honesty Testing

Disability or Perceived

Arrest/Conviction Record

Military/Veteran Status

Use or non-use of lawful products off the employer's premises during non-working hours

Participating in a protected activity such as filing a complaint, participating in an investigation, or fulfilling mandatory reporting responsibilities.

## **INSTRUCTIONS FOR COMPLETING A COMPLAINT STATEMENT**

On the following page, please write a short, clear statement of your complaint of discrimination, harassment and/or retaliation. You may create your own and attach it with this form if you need more space. The following information should be included in your statement:

- Your contact information, including full name, local address, telephone number, and email address;
- The name and job title of the offending person and the relationship to complainant (e.g., supervisor, dean, co-worker, etc.). If there is more than one person named in the complaint, please submit a separate statement for each person. If you are filing a complaint on someone else's behalf, please also provide the name and contact information for that person.
- The protected status of the complainant that led to the alleged discrimination, harassment, or retaliation;
- For each protected status, a description of why you believe the actions of the accused toward you were based on that protected status;
- The dates, time period, and the location of each of the actions or incidents believed to be discriminatory;
- The effect that the actions or incidents have had on the complainant's work, instructional, or study environment, or the complainant's ability to take part in university programs or activities;
- The names and contact information for individuals who may have information regarding the allegations;
- The names of any individuals who are similarly situated and who might have experienced similar treatment;
- Other relevant information supporting the allegations (do not refer to supporting materials in lieu of describing them in your statement); and
- Sign and date the complaint and deliver it to the Office of Inclusion, 432 N. Lake St., Room 501, Madison, WI 53706. 608-262-0277 or 7-1-1 for Wisconsin Relay <http://inclusion.uwex.uwc.edu>

## COMPLAINT STATEMENT

**PREVIOUS ACTIONS RELATED TO THIS COMPLAINT**

Have you previously reported this concern to a designated university official? (i.e., administrator, dean or director, supervisor, department chair, human resources, or Office of Inclusion staff)

Yes     No    If yes, when and with whom?

What actions, if any, have been taken so far by university officials regarding this concern?

Have you discussed this concern with any other member of the university community other than a designated official? (i.e., co-workers, fellow students, attorneys, EAP, etc.)

Yes     No    If yes, when and with whom?

Have you filed a complaint or grievance related to this situation through other internal processes (i.e. Faculty, Academic Staff, or Classified grievance processes) or with an external agency such as ERD or EEOC?

Yes     No    If yes, when and with whom?

## **OUTCOME OR RESOLUTION**

What would you like to see happen as an outcome or resolution of this complaint?

## **AUTHORIZATION**

By signing this form, I hereby verify and acknowledge that the above information is truthful, accurate and based upon a good faith belief to the best of my knowledge and recollection. I understand that the University will take all reasonable and necessary steps to keep this information confidential during this complaint process to the extent possible; however, confidentiality cannot be guaranteed. The University prohibits any form of retaliation against any person who files a complaint or grievance (or participates in such process). I also understand that the University may initiate disciplinary action against any person who files a frivolous complaint or grievance, or makes deliberate and false accusations against another individual.

SIGNATURE OF COMPLAINANT:

DATE COMPLAINT WAS SUBMITTED TO THE OFFICE OF INCLUSION:

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## **OFFICE OF INCLUSION SIGNATURES**

SIGNATURE OF OFFICE OF INCLUSION STAFF MEMBER RECEIVING COMPLAINT:

DATE RECEIVED IN THE OFFICE OF INCLUSION: