



FORMAL COMPLAINT QUESTIONNAIRE

The University of Houston System is an institution that is fully committed to providing an atmosphere free from unlawful discrimination, harassment, sexual misconduct and retaliation. If you believe that you have experienced any of these activities, please complete this Formal Complaint Questionnaire. The purpose of the Questionnaire is to understand the basis of your complaint. The information that you provide for the Questionnaire will offer support for the investigation team and will assist in the fact-finding process. Your complaint is not limited to the space on this form. Please feel free to include and attach additional information and materials. Upon completing the Questionnaire, submit it and all other relevant information to the Equal Opportunity Coordinator at your institution.

University of Houston System / University of Houston

Assistant VC/VP for Equal Opportunity Services

Richard Anthony Baker, M.P.A., Ph.D., J.D.

(713) 743-8835; rabaker4@uh.edu

University of Houston Downtown

Vice President Employment Services & Operations

Ivonne Montalbano, MBA, SPHR

(713) 221-8060; Montalbanoi@uhd.edu

University of Houston – Clear Lake

Executive Director Human Resources/AA

Nichole Eslinger, M.S.,NCC, LPC, PHR, SHRM-CP

(281) 283-2168; Eslinger@uhcl.edu

University of Houston – Victoria

Director, Human Resources/Affirmative Action

Laura Smith

(361) 570-4800/ SmithL@uhv.edu;

OFFICIAL USE ONLY:

DATE OF FILING:

EQUAL OPPORTUNITY COORDINATOR:



FORMAL COMPLAINT QUESTIONNAIRE

COMPLAINANT INFORMATION

Name:

Address:

Phone:

E-Mail:

RESPONDENT INFORMATION

Name:

Department:

Phone:

INCIDENT INFORMATION

Date(s) of Incident(s):

Location(s) of Incident(s):



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State the resolution you are seeking:

State any evidence, documents, materials that you have to support your complaint:

COMPLAINANT ACKNOWLEDGEMENT:

I certify to the best of my ability and knowledge that the information provided in the Questionnaire is accurate and the events/circumstances are as I described them.

I understand that a copy of this Questionnaire, including the attachments, will be sent to the respondent and may be shared with appropriate University administrators and witnesses interviewed for the purpose of the investigation.

I understand that the nature of this complaint, correspondence and all discussions conducted in the course of the investigation is confidential to the extent permitted by law and any unauthorized disclosure of information concerning the fact-finding process can result in disciplinary action.

SIGNATURE:

DATE:
