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 or Richard Anthony Baker, M.P.A., Ph.D., J.D.
Equal Opportunity Services
(713) 743-8835; rabaker4@uh.edu

University of Houston Downtown
Assistant VP for Employment, Training, Campus Relations and Affirmative Action Officer or
Douglas J. teDuits, Ed D, SPHR
Employment Services & Operations
(713) 221-8667; teduitsd@uhd.edu

University of Houston – Clear Lake
Executive Director, Human Resources and Affirmative Action or Katherine Justice
Human Resources and Affirmative Action
(281) 283-2164; Justice@uhcl.edu

University of Houston – Victoria
Director, Human Resources/Affirmative Action or Laura Smith
Human Resources/Affirmative Action
(361) 570-4800/ SmithL@uhv.edu;

OFFICIAL USE ONLY:

DATE OF FILING:

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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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Basis of Alleged Incident(s):

(E.g., race, color, sex, sexual misconduct, genetic information, religion, age, national origin, disability, veteran status, sexual orientation, gender identity and/or gender expression.)

Explain the nature of your complaint; include names of all parties involved, date(s) of the incident(s), and specific facts. Use additional paper if needed and attach to this Questionnaire.

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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: _____