

Discrimination and Discriminatory Harassment Complaint Form

Revised January 24, 2018

Instructions:

Please provide all of the information requested. Be as specific as possible when discussing incidents by including 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(s). Please sign and date this form. Your complaint is not limited to the space provided. You are encouraged to attach additional materials that may assist in the investigation process.

To investigate your complaint, it will be necessary to interview you (complainant), the alleged discriminating person(s) (respondent), and any witnesses with direct knowledge of the allegations or defenses. In advance of respondents' interviews, they may receive a copy of this form and any attachments detailing the allegations made against them. The Office of Institutional Equity (OIE) will notify all persons involved in the investigation that it is private and that unauthorized disclosures of information concerning the investigation could result in disciplinary action.

In addition to OIE, you may file a complaint with the Connecticut Commission on Human Rights and Opportunities (CHRO), the Equal Employment Opportunity Commission (EEOC), and/or the Office of Civil Rights (OCR). Please note that the relevant timeline for filing with CHRO and OCR is within 180 days of the alleged act of discrimination. For the EEOC, it is within 300 days. These deadlines apply regardless of when OIE issues its decision. See Appendix II of UCONN's Discrimination and Discriminatory Harassment Complaint Procedures for agencies' contact information.

OIE USE ONLY**COMPLAINANT STATUS:**

- Employment Applicant Faculty Student
 Employee/Staff Other

COMPLAINANT INFORMATION:

Name: _____
First Middle Last

Job Title: _____

Department: _____

Work Address: _____
City State ZIP Code

Work Telephone Number: _____

Work Email: _____

Home Address: _____
City State ZIP Code

Home Telephone Number: _____

Home Email: _____

Preferred method of contact: Home Phone Home Email
 Work Phone Work Email

How long have you worked/studied in current position? _____

How long have you worked/studied at UConn? _____

IF YOU ARE A UCONN EMPLOYEE, PLEASE PROVIDE THE FOLLOWING INFORMATION

Supervisor's Name: _____
First Middle Last

Job Title: _____

Department: _____

Work Telephone Number: _____

Work Email: _____

RESPONDENT INFORMATION:

Name of person(s) you believe discriminated against, harassed, or retaliated against you (relationship information means supervisor, co-worker, faculty, etc., and relationship timeframe is the length of time you have known the person):

Name: _____
First Middle Last

Job Title: _____

Department: _____

Work Telephone Number: _____

Work Email: _____

Relationship: _____ Length of Relationship: _____

Please explain the specific action(s) or situation(s) that resulted in your allegation(s) that you were discriminated against, (treated differently from other employees or applicants) or harassed based on your protected class (race, color, religion, national origin, sex, age, disability, sexual orientation, etc.) and/or retaliated against.

Describe why you believe the incident(s) you described was related to your race, sex, age, etc., as you described above, or why you believe that you were retaliated against.

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

Describe the corrective action you are seeking.

Acknowledgment

I understand that, regardless of any contact with the Office of Institutional Equity, I also retain the right to file an external complaint of discrimination or discriminatory harassment with the Connecticut Commission on Human Rights and Opportunities (CHRO), the Equal Employment Opportunity Commission (EEOC) and/or the Office for Civil Rights (OCR). Further, I understand that the relevant timeline for filing with these agencies varies from 180 days to 300 days from the date of the alleged discriminatory or retaliatory act and is independent of any internal complaint filed with the Office of Institutional Equity.

I understand that under state and federal law, as a complainant, I may not be retaliated against for filing a charge of discrimination, participating in an investigation or opposing an unlawful discriminatory practice.

I hereby attest that the facts asserted in this complaint are true and accurate to the best of my knowledge and belief.

Complainant Signature

Date

Upon completion, please return this form and any evidence pertaining to your complaint to:

STORRS & REGIONAL CAMPUSES

Office of Institutional Equity
University of Connecticut
241 Glenbrook Road – Unit 4175
Storrs, CT 06269-4175
Phone: 860-486-2943
Fax: 860-486-6771
Email: equity@uconn.edu

UConn HEALTH

Office of Institutional Equity
UConn Health
16 Munson Road – 4th Floor
Farmington, CT 06030-5310
Phone: 860-679-3563
Fax: 860-679-6512
Email: equity@uconn.edu