



OFFICE OF INSTITUTIONAL EQUITY

DISCRIMINATION & DISCRIMINATORY HARASSMENT COMPLAINT FORM

INSTRUCTIONS

Please provide all 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 relating to your claim. Please note that completion of this form does not constitute filing a Formal Complaint of Title IX Sexual Harassment pursuant to Appendix II of OIE's Investigation Procedures. If you need assistance to complete this form, please contact OIE.

Please note that in order to respond to your concerns, the information you provide to OIE may be shared with other individuals or University offices. In addition to OIE, you may file a complaint with civil rights enforcement agencies. Please note that the relevant timelines for filing with these agencies is 180-300 days of the alleged act of discrimination. See Appendix I of OIE's Complaint Procedures for agency contact information.

COMPLAINANT STATUS

[ ] Faculty [ ] Employee/Staff [ ] Undergraduate Student [ ] Graduate Student (GA [ ] Yes [ ] No) [ ] Other (Please Specify \_\_\_\_\_)
Union Affiliation \_\_\_\_\_

COMPLAINANT INFORMATION

Name: \_\_\_\_\_ Pronouns/Name in Use: \_\_\_\_\_

Job Title/Program of Study: \_\_\_\_\_

Department/Major: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Preferred Method of Contact: [ ] Work Telephone [ ] Home Telephone [ ] Work Email [ ] Home Email

How long have you worked/studied in your current position? \_\_\_\_\_

How long have you worked/studied at UConn? \_\_\_\_\_

Your Supervisor's Name and Job Title: \_\_\_\_\_

RESPONDENT INFORMATION

Respondent Name: \_\_\_\_\_

Respondent Job Title: \_\_\_\_\_

Respondent Department: \_\_\_\_\_

Relationship: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

- 1) Please describe the specific action(s) or situation(s) that you believe constitute discrimination, discriminatory harassment (or sexual harassment) and/or retaliation.

- 2) Please identify why you believe the action(s) or situation(s) relate to your membership in a protected class (including but not limited to race, sex, age, disability, national origin, etc.) and/or why you believe you were subjected to retaliation

- 3) Please identify any documents, e-mails, records, materials and other evidence including witnesses whom you believe may have information pertaining to your complaint.

### ACKNOWLEDGEMENT

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](mailto:equity@uconn.edu)

**UConn HEALTH**

Office of Institutional Equity  
UConn Health  
16 Munson Road – 4<sup>th</sup> Floor  
Farmington, CT 06030-5310  
Phone: 860-679-3563 / Fax: 860-679-6512  
Email: [equity@uconn.edu](mailto:equity@uconn.edu)

The University of Connecticut complies with all applicable federal and state laws regarding non-discrimination, equal opportunity and affirmative action, including the provision of reasonable accommodations for persons with disabilities. UConn does not discriminate on the basis of race, color, ethnicity, religious creed, age, sex, marital status, national origin, ancestry, sexual orientation, genetic information, physical or mental disability, veteran status, prior conviction of a crime, workplace hazards to reproductive systems, gender identity or expression, or political beliefs in its programs and activities. Employees, students, visitors, and applicants with disabilities may request reasonable accommodations to address limitations resulting from a disability. For questions or more information, please contact the Associate Vice President, Office of Institutional Equity, 241 Glenbrook Road, Unit 4175, Storrs, CT 06269-4175; Phone: (860) 486-2943; Email: [equity@uconn.edu](mailto:equity@uconn.edu) / Website: <http://www.equity.uconn.edu>.  
**Revised August 14, 2020**