UNIVERSITY OF SOUTH FLORIDA  
DIVERSITY, INCLUSION AND EQUAL OPPORTUNITY OFFICE

EQUAL OPPORTUNITY COMPLAINT FORM

Please complete this form if you are requesting an investigation regarding your allegation(s) of protected category unlawful discrimination or harassment, or protected category retaliation.

Please call (813)974-4373 if you have any questions regarding this form. Please return the completed form to the DIEO Office at ALN 172, or scan and email it to Camille Blake at camille20@usf.edu.

Use additional sheets of paper, if necessary, to answer the following questions

I) COMPLAINANT INFORMATION:

Check One:
( ) Faculty ( ) Staff ( ) Administration ( ) Student ( ) Student Employee ( ) Applicant
( ) Other: (i.e. Vendor, Visitor, etc.) ________________________________

Name: ________________________________

Home/Cell Telephone Number: (____) ________________

Work/Campus Telephone Number: (____) ________________

Residential Address: ________________________________

City: ________________________________ State: __________ Zip Code: __________

Email Address: ________________________________

Gender: ________________________________ Race: ________________________________

Ethnicity (Hispanic or non-Hispanic): ________________________________

Position/Title: ________________________________

College/Department: ________________________________

Division/Section: ________________________________

Mail Point: ________________________________ Phone Number: (____) __________________

Revised January 26, 2016
Direct Supervisor: ________________________________

To be completed if you are a student:

Classification (i.e. freshman, sophomore, etc.) ________________________________

Major: ________________________________

II) BASIS OF THE COMPLAINT: (Check all appropriate items)

( ) Race  ( ) National Origin  ( ) Gender  ( ) Sexual Orientation
( ) Disability  ( ) Veteran Status  ( ) Religion  ( ) Marital Status
( ) Retaliation  ( ) Color  ( ) Age  ( ) Sexual Harassment
( ) Gender Identity and Expression

( ) Other: ________________________________________________________________

________________________________________________________

III) RESPONDENT INFORMATION:
(Person you believe to have discriminated or retaliated against you)

Name: ____________________________________________________________

Gender: _________________________  Race: ________________________________

Ethnicity (Hispanic or non-Hispanic): ______________________________________

The person is:  ( ) Faculty  ( ) Administration  ( ) Staff  ( ) Student  ( ) Other:

Position(s)/Title: _______________________________________________________

College/Department/Office: _____________________________________________

Division/Section: _______________________________________________________

Telephone Number: (____) ______________

IV) DATE CONDUCT OCCURRED: (The date of the most recent complained of conduct)

________________________________________________________
V) STATEMENT OF DISCRIMINATORY OR RETALIATORY CONDUCT:
(Please describe in detail the incident(s) you consider to be discriminatory or retaliatory. Also, please provide the date, location, first and last names of all individuals involved for each incident)

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VI) HARM SUFFERED: (i.e., Termination, Resignation, Suspension, Demotion, Written Reprimand, Lower Class Grade, Dropped the Class, Emotional Distress, Poor Performance Evaluation etc.)

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VII) HAS THIS ALLEGATION(S) BEEN FILED IN ANY OTHER FORUM, OFFICE, AND/OR AGENCY? (i.e., as a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, etc.)

( ) Yes    ( ) No

If Yes, provide the following:

Name of Forum/Office/Agency: ________________________________________________________________

Contact Person: _____________________________________________________________

Telephone Number: (___) _________________

Date of the filing: ____________________________________________________________
Results of the filing:
___________________________________________________________________________

VIII) WHAT RELIEF ARE YOU SEEKING FROM USF AND/OR THE RESPONDENT?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

IX) IDENTIFY THE WITNESSES WHO WILL SUPPORT YOUR ALLEGATION(S):
(Use an additional sheet of paper if needed)

Name: ___________________________ __________________________
Telephone Number: (_____) ____________
Email Address: ________________________________
How do you know the witness (i.e., friend, fellow student in class, co-worker, supervisor, faculty colleague, etc.): ____________________________________________

Name: ___________________________ __________________________
Telephone Number: (_____) ____________
Email Address: ________________________________
How do you know the witness (i.e., friend, fellow student in class, co-worker, supervisor, faculty colleague, etc.): ____________________________________________

Name: ___________________________ __________________________
Telephone Number: (_____) ____________
Email Address: ________________________________
How do you know the witness (i.e., friend, fellow student in class, co-worker, supervisor, faculty colleague, etc.): ____________________________________________

X) COMPARATIVES:
(List below the name(s) of any person who was treated more favorably than you under similar circumstances)

1.  _______________________________________________________________________

2.  _______________________________________________________________________

I affirm, that to the best of my knowledge, the information contained in this form is true and accurate. I understand that the filing of a complaint does not extend the time for filing a complaint with an outside agency, or in a court of law.

Complainant’s Printed Name: ________________________________________________

Complainant’s Signature: ____________________________________________________

Date: ________________________________