

**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: (____) _____

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)

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Color | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> 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)

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

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: _____