

# UNT Office of Equal Opportunity Inquiry Form

Hurley Administration Building, Suite 175 | (940) 565-2759 | [OEO@unt.edu](mailto:OEO@unt.edu) | [edo.unt.edu/equal-opportunity](http://edo.unt.edu/equal-opportunity)  
If you need assistance completing this form, please alert OEO and a staff member will assist you with your request.

## 1. Complainant Contact Information

The complainant is the individual, group of people or unit who was harmed or is claiming wrongdoing against them.

Student      Faculty      Staff      Visitor      Alumni      Other

Name: \_\_\_\_\_ Employee/Student ID: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you checked **“Faculty”** or **“Staff”** above, please indicate the department and job title.

Division/ \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_

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## 2. Referent Contact Information

The referent is someone who learns of harm done to another person. Fill out this section if you are fulfilling your duty to report an alleged violation of UNT policy.

Student      Faculty      Staff      Visitor      Alumni      Other

Name: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you checked **“Faculty”** or **“Staff”** above, please indicate the department and job title.

Division/ \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_

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## 3. Respondent Contact Information

The respondent is an individual, person or unit against whom a concern is raised or a complaint is filed with the Office of Equal Opportunity.

Student      Faculty      Staff      Visitor      Alumni      Other

Name: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you checked **“Faculty”** or **“Staff”** above, please indicate the department and job title (if known).

Division/ \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_

## 4. Nature of alleged violation of university non-discrimination policy

Describe what happened to you (or someone else) that you believe was discriminatory or harassing. Include date(s), the action(s) at issue and the name(s) and title(s) of the person(s) who you believe engaged in discrimination or harassment. Attach additional pages/documents if needed.

### Category of Inquiry (check all that apply)

If you believe you were treated adversely because of a protected characteristic (e.g. religion, age, etc.), check the box next to "Discrimination." If you believe you were subjected to offensive conduct on the basis of a protected characteristic, check the box next to "Harassment." If you believe you were treated adversely because you complained about discrimination, participated in someone else's complaint, or you filed a complaint or charge of discrimination, check the "Retaliation" box.

Discrimination      Harassment      Retaliation

### Basis of Inquiry (check all that apply)

Age      Color      Disability      Gender Expression      Gender Identity      Genetic Information  
National Origin      Race      Religion      Sex      Sexual Orientation      Veteran Status  
Other

### Sexual Misconduct (check all that apply)

Sexual Assault      Sexual Harassment      Stalking/Relationship Violence      Consensual Relationships

### OEO investigates complaints that meet the requirements of the following policies:

- 05.011 - Employment of Individuals with Disabilities/Workplace Accommodations
- 05.021 - Consensual Relationships
- 12.005 - Prohibition of Sexual Assault and Retaliation
- 16.001 - Disability Accommodation for Students and Academic Units
- 16.002 - Campus Access for Service and Comfort Animals for People with Disabilities
- 16.004 - Prohibition of Discrimination, Harassment, and Retaliation
- 16.005 - Sexual Harassment

For definitions of terms or explanations of relevant policies, please visit OEO's website at [edo.unt.edu/equal-opportunity](http://edo.unt.edu/equal-opportunity).

I certify that the information provided is true and correct to the best of my knowledge. I understand that making a false complaint is a violation of university policy and can result in sanctions.

By completing and submitting this form, I am initiating a complaint which I request the Office of Equal Opportunity to investigate in accordance with UNT policy and OEO investigative procedures.

Signature of person submitting this form

Date

Email this form to [OEO@unt.edu](mailto:OEO@unt.edu). Alternatively, you may hand deliver it to OEO in the Hurley Administration Building, Suite 175.