

UNT Equal Opportunity Inquiry Form

Hurley Administration Building, Suite 175 | (940) 565-2759 | OEO@unt.edu | 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: _____

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: _____

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 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.

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 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. Alternatively, you may hand deliver it to OEO in the Hurley Administration Building, Suite 175.