

UNT Equal Opportunity Inquiry Form

Hurley Administration Building, Suite 175 • (940) 565-2759 • OEO@unt.edu • ied.unt.edu/equal-opportunity
If you need assistance completing this form, please alert EO 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: Pronouns:

Email: Phone:

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

Division/Department: Title:

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: Employee/Student ID: Pronouns:

Email: Phone:

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

Division/Department: Title:

3. Respondent Contact Information

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

Student Faculty Staff Visitor Alumni Other

Name: Employee/Student ID: Pronouns:

Email: Phone:

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

Division/Department: Title:

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

Describe what happened to you (or someone else) that you believe was a violation of university policy. 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)

Consensual Relationships Dating/Domestic Violence Failure to Report Sexual Misconduct Stalking

False Report of Sexual Misconduct Sexual Assault Sexual Coercion Sexual Exploitation Sexual Harassment

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

- 04.062 - Animals on Campus Grounds
- 05.011 - Employment of Individuals with Disabilities/Workplace Accommodations
- 05.021 - Consensual Relationships
- 16.001 - Disability Accommodation for Students and Academic Units
- 16.004 - Prohibition of Discrimination, Harassment, and Retaliation
- 16.005 - Prohibition of Sexual Misconduct, Including Sexual Harassment, Sexual Assault, Sexual Coercion, Sexual Exploitation, Dating Violence, Domestic Violence, Stalking, Failure to Report and Retaliation
- 16.007 - Title IX Sexual Harassment

For definitions of terms or explanations of relevant policies, please visit EO's website at ied.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 Equal Opportunity to investigate in accordance with UNT policy and EO investigative procedures.

Signature of person submitting this form

Date

Email this form to OEO@unt.edu. Alternatively, you may return it to the EO office in the Hurley Administration Building room 175.