

**Prairie View A&M University**  
**Office of Equal Opportunity and Affirmative Action**

**Complaint Form**

Prairie View A&M University is committed to the prompt resolution of complaints in a manner consistent with university policies and procedures. This form is to be used to ensure that the necessary steps for reaching a resolution are completed. Please feel free to attach additional sheets of information that you feel are relevant and/or necessary. The Equal Opportunity Officer will assist you in completing this form if you wish.

**Complainant**

Name: \_\_\_\_\_  
Student: \_\_\_\_\_ Classification: \_\_\_\_\_ Major: \_\_\_\_\_ Work-Study \_\_\_\_\_ Yes \_\_\_\_\_ No  
Employee: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Where do you prefer to be contacted? Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Were you discriminated against with regard to your rights in:**

Employment: \_\_\_\_\_ Title IX Education: \_\_\_\_\_ Retaliation: \_\_\_\_\_

**Were you discriminated against because of your:**

Race: \_\_\_\_\_ Color: \_\_\_\_\_ National Origin: \_\_\_\_\_ Age: \_\_\_\_\_  
Religion: \_\_\_\_\_ Sex (Gender): \_\_\_\_\_ Disability: \_\_\_\_\_ Veteran Status: \_\_\_\_\_  
Sex \_\_\_\_\_

**Who discriminated against you?** (The individual(s) who the complaint is against)

Name: \_\_\_\_\_  
Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Both: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
Address: \_\_\_\_\_

**When?**

Date first incident took place: \_\_\_\_\_ Date of most recent incident: \_\_\_\_\_

**Where?**

Where did these incidents occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses:** List any witnesses to the incidents. This is not a requirement for a complaint to be investigated, but could help substantiate your complaint. Add extra pages, if necessary. On a second sheet, please explain what you think each witness will be able to tell us.)

<b><u>Name</u></b>	<b><u>Job Title</u></b>	<b><u>Telephone No. @ Work</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**With whom have you discussed the incidents?** List anyone with whom you have discussed it, both individuals inside PVAMU and outside. Include any supervisors, managers and fellow employees, as well as anyone outside the University with whom you have discussed your concerns.

<u>Name</u>	<u>Job Title</u>	<u>Date</u>	<u>Telephone @ Work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Who have you contacted for help regarding this complaint?**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of events provided by Complainant:**

Please provide a detailed statement of the events, including dates, places and names of witnesses. Please attach additional sheets if you need more space.

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**Describe the injury or harm you suffered because of the alleged discrimination:**

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**Remedies sought by Complainant:**

What would you like the University to do as a result of your complaint – what remedy are you seeking?

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**Complaint Acknowledgement:**

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances occurred as I have described them.

I acknowledge that I have been provided a copy of the University's policy relating to this complaint.

I understand, acknowledge and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I am willing to cooperate fully in the investigation and provide relevant evidence.

I understand that the nature of this complaint, correspondence and all discussions conducted in the course of investigation of the information contained in this complaint are *confidential* to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date