

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

Complaint Form

Prairie View A&M University (PVAMU) is committed to the prompt resolution of complaints in a manner consistent with University Rules and Administrative 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. If desired, the Equal Opportunity Compliance Officer will assist you in completing this form.

Complainant

Name: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Home Number: _____ Cell Number: _____ Work Number: _____
Email Address: _____
How do you prefer to be contacted? Home ____ Cell ____ Work ____ Email ____
Student: Yes ____ No ____ Classification: _____ Major: _____ Work-Study: Yes ____ No ____
Employee: Yes ____ No ____ Job Title: _____ Department: _____ Supervisor: _____

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 ____

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

Name: _____
Student ____ Employee ____ Both ____ Department: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____
Work Number: _____ Home Number: _____

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.)

<u>Name</u>	<u>Job Title</u>	<u>Date</u>	<u>Work Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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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 PVAMU with whom you have discussed your concerns.

<u>Name</u>	<u>Title</u>	<u>Date</u>	<u>Phone Number</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.

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

Remedies sought by Complainant:

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

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 PVAMU'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