



Texas Tech University System Complaint of Discrimination or Harassment Including Sexual Harassment, Sexual Assault, or Sexual Misconduct

Complaints of Discrimination or Harassment: This form is to be used for complaints of discrimination or harassment based on a protected status or category brought pursuant to TTU OP 40.02, TTUHSC OP 51.02, TTUHSC-EP OP 51.02, or ASU OP 16.02. Protected categories include: sex, including pregnancy, sexual preference, gender identity, race, national origin, religion, age, disability, protected veteran status, genetic information, or other protected categories, classes, or characteristics.

Complaints of Sexual Misconduct: This form is also to be used for complaints of Sexual Misconduct brought pursuant to TTUS Regulation 7.06, TTU OP 40.03, TTUHSC OP 51.03, TTUHSC-EP OP 51.03, or ASU OP 16.03. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual nature. The term includes sexual harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence, sexual violence, and any other misconduct based on sex.

Include only one incident per complaint. Additional pages may be used for the same complaint; however, separate forms should be used for separate complaints. Refer to the regulation and OPs listed above for additional information.

*****Once completed, please email this form to eeo@ttu.edu.*****

Name of Person Filing Complaint: _____

R#: _____ Cell Phone: _____ Work Phone: _____

Address: _____
Permanent Address, if
different: _____

Work Email Address: _____

Personal Email Address: _____

Preferred Method of Contact: _____

Employing Department: _____

Name of Immediate Supervisor: _____

Date of the alleged
action or violation: _____

Are you filling out this form on behalf of yourself or another person? If you are filling it out for someone else, please give their name and contact information.

Please provide the name(s) and contact information of the person you are complaining about.

Provide a clear and concise statement of the complained of behavior.

Location of the alleged action or violation.

Please provide the name(s) and contact information of any witnesses.

Please provide the names of any persons or entities to whom any violation of laws was reported and the date of the report.

Other than the OPs listed above, what policy, procedure, or state or federal law do you believe was violated and how?

What specific resolution do you seek?

Please print and sign this form. Include all relevant documentation including notices of employment actions, counseling, e-mail, and/or photographs. Once signed, please return to the Office of Equal Opportunity. You may also contact the Office of Equal Opportunity for assistance or questions. An employee is allowed to present a complaint without retaliation.

Complaining Party's Signature: _____

Date: _____