



Discrimination, Discriminatory Harassment & Retaliation Complaint Form

Instructions: Please provide all information requested. Be as specific as possible when discussing incidents by including date(s), description of incident(s), name(s) of person(s) involved, and name(s) of witness(es). Your complaint is not limited to the space provided. You are encouraged to attach additional materials that may assist in the investigation process.

In addition to or in lieu of the Office of Institutional Equity, you may file a complaint with the applicable external agencies, including Florida Commission on Human Relations (FCHR), the Equal Employment Opportunity Commission (EEOC), and/or the Office of Civil Rights (OCR). Please note that the relevant timeline for filing with the EEOC is within 300 days of the alleged discriminatory act. For the FCHR, it is 365 days. For OCR it is 180 days. These deadlines apply regardless of when the Office of Institutional Equity issues its decision. See Appendix I of [OIE's Investigation Procedures](#) for more information regarding external agencies, including contact information.

Complainant: an individual or group making a complaint.

Respondent: Individual or group who you believe has or may have engaged in discrimination, harassment or retaliation.

Date of Harm

Basis of Discrimination or Harassment (why you believe Respondent mistreated you)

Select all characteristics that you believe motivated the respondent:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Parental Status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other (Identify): |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Non-religion | |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information | |

What happened to you that was discriminatory? (Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Dismissal or Non-renewal |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Failure to Hire |
| <input type="checkbox"/> Failure to Promote | <input type="checkbox"/> Failure to Accommodate |
| <input type="checkbox"/> Denial of Tenure | <input type="checkbox"/> Reduction in Force |
| <input type="checkbox"/> Expulsion | <input type="checkbox"/> Recruitment and Selection |
| <input type="checkbox"/> Performance Appraisal | <input type="checkbox"/> Hostile Work or Learning Environment |
| <input type="checkbox"/> Pay Disparity | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Other | <input type="text"/> |

Retaliation Claims

Basis of Retaliation: Do you believe that you have been subjected to retaliation for making a good-faith report of discriminatory behavior or participating or being party to an investigation regarding discrimination or harassment?

Yes

No

Date of report or participation:

To whom did you report or what process did you participate in?

When did retaliatory act occur:

What retaliatory act occurred:

Describe in the text box below or attach a written, signed statement describing the alleged discrimination or discriminating harassment or retaliation or arrange alternate communication with an Office of Institutional Equity representative. Include name(s), date(s), and details of incident. State whether any attempts to resolve the issue have occurred, such as meetings, campus grievance filings, complaints to state or federal agencies. If appropriate, please identify individuals treated more favorably than you, as well as information related to their protected class (e.g. if you are alleging race discrimination, what is the person's race?) Also, please identify possible witnesses, including a brief summary of information you believe they could provide and their contact information.

Statement

What are you seeking as a resolution to this complaint?

By my signature below, I am affirming the following:

1. All statements made above are true and correct to the best of my knowledge.
2. I understand that I have the right to file a complaint with external government agencies. I understand that there are time deadlines for these complaint processes which are not extended by the Office of Institutional Equity's process or investigation.
3. I understand that if I submit this complaint, my allegations and the information collected in the investigation may be disclosed as necessary throughout the investigation and may eventually become a public record under "Florida's public records law."
4. I understand that I have the right to one support person or advisor to accompany me to any meeting with OIE. I also understand that the support person or advisor cannot be an individual who is reasonably likely to participate as a witness in the Office of Institutional Equity investigation. I understand that it is within OIE's discretion whether to reschedule a meeting due to a support person or advisors unavailability.

Signature of Complainant

Date

Email form/documents to oie@ucf.edu. Alternatively, fax to (407)882-9009, or transmit to UCF's OIE Office, University of Central Florida, 12701 Scholarship Drive, Suite 101 (Building 81), Orlando, FL 32816-0030. **Employees, students, visitors, and applicants with disabilities may request reasonable accommodations to address limitations resulting from a disability. If you need an accommodation to participate in the Office of Institutional Equity's process, please submit your request to the Office of Institutional Equity.**

For OIE office use only case #

Case assigned to:

