Discrimination Complaint Form

Date: _____________________________________________________________________________

Complainant’s Name: ___________________________________________________________________________

Complainant’s Office/Department/Major at the University: _______________________________
_________________________________________________________________________________

Complainant’s Contact Information
Mailing Address: ______________________________________________________________________
Phone Number(s): Home: ______________________________ Work: ____________________________
Cell: _________________________________________________________________________________
E-Mail address: _______________________________________________________________________
Date(s) of Unfair Treatment: _____________________________________________________________________________
_____________________________________________________________________________________

Tell us how you believe you have been treated unfairly by the University of TN at Martin or anybody providing services on behalf of the University of TN at Martin. Please state below the basis on which you believe these unfair actions were taken. For additional space to respond, you may use page 2 or the back of this form. If you or someone you know believes he/she has been discriminated against, please contact the Equity and Diversity Officer.

___ Harassment _____________________________________________________________________________

___Title VI
___Race: _______________________________________________________________________________
___Color: _____________________________________________________________________________
___ National Origin: ______________________________________________________________________

___Title IX
___ Sexual Misconduct: _____________________________________________________________________
___ Age ________________________________________________________________________________
___ Disability ___________________________________________________________________________
___ Employment __________________________________________________________________________
___ Other _______________________________________________________________________________

EEO Statement: The University of Tennessee is an EEO/AA/Title VI/Title IX/ Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental
disability, or covered veteran status. Inquiries should be directed to the Office of Equity and Diversity (OED), 303 Administration Building, Martin, TN 38238, (731) 881-3505 Office, (731) 881-4889 TTY, Hearing Impaired, (731) 881-3507 Fax, equityanddiversity@utm.edu, http://www.utm.edu/departments/equalopp/.

Please explain any relevant information to your complaint. (Attach additional pages or use the back of this form if needed.)

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

How do you want to see your complaint resolved?_______________________________________________________________

______________________________________________________________________________________________________

Signed:_____________________________________________________________________ Date: _____ / _____ / ________
Discrimination Complaint Procedure

The University has an Equity and Diversity Officer/Title VI Coordinator responsible for investigating all complaints (harassment, sexual harassment, Title VI, age discrimination, disability discrimination, and employment discrimination based on gender). If you or someone you know believes he/she has been discriminated against, please contact the Equity and Diversity Officer/Title VI Coordinator.

The complaint procedures for the University of Tennessee at Martin are as follows:

- A signed, written complaint must be filed within 180 days of the alleged discriminatory act.
- The Equity and Diversity Officer/Title VI Coordinator will investigate all complaints reported to that office. The complaint must include the name, address, and telephone number of the aggrieved victim (complainant); an explanation of the action or conduct complained of; and, the name of the accused or department responsible for the discriminatory action. The individual or department/unit in which the complaint is made will be notified of the complaint.
- The Equity and Diversity Officer/Title VI Coordinator or investigative committee appointed by the Chancellor will investigate the complaint, which may include the following:
  - Interview the aggrieved person (complainant).
  - Interview the accused individual or unit/department (respondent).
  - Interview witnesses.
  - Take statements from the complainant, respondent, and witnesses.
  - Review documents provided by the complainant, respondent, witnesses, or the department.
- The Equity and Diversity Officer/Title VI Coordinator or investigative committee will make findings of fact and determine if those facts support a charge of discrimination.

Subsequently, the findings, along with a statement detailing the basis for them, will be submitted by the Equity and Diversity Officer /Title VI Coordinator to the Vice Chancellor responsible for overseeing the person or group against whom the original complaint was filed. The complainant and the accused will receive a copy of the findings. Finally, if the findings support the charge of discrimination, the Equity and Diversity Officer/Title VI Coordinator or investigative committee will consult with the appropriate Vice Chancellor or administrator to determine the appropriate response. The accused may appeal the decision in writing to the Chancellor within fifteen (15) days of the date of the decision.

Revised September 3, 2015