

Formal Discrimination & Harassment Complaint Form

The University of Tennessee Space Institute welcomes and honors people of all races, creeds, cultures, and sexual orientations. The University values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. In keeping with those values, the policies of The University of Tennessee expressly prohibit the following:

- discrimination against employees, students, or applicants for employment or admission, on the basis of race, color, religion, sex (including sexual harassment, sexual orientation, gender identity, marital status), national origin, age, disability, or protected veteran status;
- discrimination against other participants in educational programs and activities (which includes certain individuals who are not employees, students, or applicants for employment or admission) on the basis of race, color, national origin, sex, or disability;
- sexual misconduct, sexual assault, relationship violence and stalking, and
- retaliation against any person who in good faith reports a practice that he/she believes violates non-discrimination policies.

If you are an employee, student, applicant for employment, applicant for admission, or are otherwise a participant in a UT Space Institute program or activity, and you believe you have been discriminated against in violation of the policies outlined above, the process below is designed to help you resolve your complaint. **This form may be used to file a complaint of discrimination with the UT Space Institute Office of Equity and Diversity, but it is not required to file a complaint.** Complaints must be in writing and filed within 300 days of the alleged discriminatory action. In certain circumstances, complaints filed outside that time limit, or not submitted in writing, may be investigated. You may print this form and submit it directly to OED, fax to 931-393-7268, or mail to UTSI Office of Equity and Diversity, 411 B.H. Goethert Parkway, MS- 11, Tullahoma, TN 37388-9700.

Date _____ **How did you hear about us?** _____

I. Personal Information		Check your preferred contact method below:		
Name: _____		<input type="checkbox"/> E-mail: _____		
Address: _____		<input type="checkbox"/> Work phone: _____		
City: _____ State: _____ Zip Code: _____		<input type="checkbox"/> Home phone: _____		
Country: _____		<input type="checkbox"/> Other: _____		
II. Affiliation				
<input type="checkbox"/> Employee: Department _____ Position Title _____ Supervisor _____				
<input type="checkbox"/> Student: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate				
<input type="checkbox"/> Other: _____				
III. Respondent(s)-person(s) and/or department against whom the complaint is being filed.				
Name: _____				
Department: _____				
Title: _____				
IV. Basis of Your Complaint – check all that apply				
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Age
<input type="checkbox"/> Color	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Disability
<input type="checkbox"/> National Origin	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Sexual Violence
<input type="checkbox"/> Retaliation				<i>Last Updated: 1/22/18</i>

V. Using the space below, describe the specific act(s) alleged with dates, time(s), location(s), and the names of any witnesses who may have observed the incident and/or experienced similar treatment. Your complaint is not limited to the space provided. You may attach any additional materials, which may assist in the investigation.

VI. How would you like to see the situation resolved and/or what remedy are you seeking?

VII. Acknowledgement

I certify that to the best of my knowledge the information that I provided is accurate and the events and circumstances are as I have described them. I understand and acknowledge that a copy of this complaint will be provided to the alleged offender (respondent). I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

While complete confidentiality cannot be guaranteed, I understand that all complaints will be handled in such a way that confidentiality will be protected to the extent possible. Information about the complaint will be shared on a limited basis only with those who need to know. I further understand that filing a complaint with the Office of Equity and Diversity does not preclude me from filing an allegation with an external agency nor does it extend time limits for such a complaint.

UT Space Institute does not tolerate adverse treatment of its employees or students because of the filing a complaint of or providing information related to a complaint. Any actions that may constitute retaliation should be reported to OED immediately. If you believe that you have been retaliated against please check here.

Signature _____ **Date** _____