



AUGUSTA UNIVERSITY

Office of Employment Equity
An equal opportunity and equal access institution

EEO INTERNAL COMPLAINT FORM

Please complete this form in its entirety. The information provided will assist the Equity Officer in understanding and processing your complaint.

COMPLAINANT INFORMATION

Last, First Name: _____

Employee ID: _____ Email Address: _____

Contact Number: _____ Department: _____

Job Title _____ Phone Number _____

Immediate Supervisor: _____ Phone Number: _____

Department _____

Chair/Manager: _____ Phone Number: _____

RESPONDENT OR ACCUSED INFORMATION

(1.) Who is this complaint against? Explain the relationship between you and the accused. (*i.e. working relationship, personal/intimate, etc.*)

Name:	Relationship:	Contact Information:

PROTECTED CATEGORIES

(2.) Select all protected categories which are applicable to the complaint.

- | | | |
|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender/Sexual Harassment | <input type="checkbox"/> National Origin | <input type="checkbox"/> Race/Ethnicity |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Genetic Information | |

(3.) For each selected categories above, explain the reason you believe each reported incident is related to that selected category.

Category:	Reason:



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Incident Details

(4.) Please provide specific details surrounding your complaint. Include the date, time, and location of the alleged incident along with the protected category which you feel was violated.

Category:

Details:

Date : ___/___/___

Time: ___:___ am/pm

Location:

Category:

Details:

Date : ___/___/___

Time: ___:___ am / pm

Location:



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Witness Information

(5.) List any persons who may have information related to the complaint. Please include witnesses to the incident or anyone in whom you may have confided.

Name:	Job Title:	Contact Number:	Relationship:

Supporting Documentation

(6.) Do you have any *direct evidence* to support your complaint? (i.e. memos, text messages, recorded conversations, performance evaluations, police reports, etc.) Yes No

Date obtained:	Evidence type:	Category for which it provides proof and how:

(7.) What outcome is being sought?

Your signature certifies the information provided on this form and any attachments are true and accurate to your knowledge and belief. It further certifies that the information contained does not constitute a frivolous or unwarranted allegation of discrimination.

Signature of Complainant:	Date:
Signature of Equity Officer:	Date:

FOR OFFICE USE ONLY

Date received:	Comments:
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