

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

COMPLAINT OF SEXUAL HARASSMENT

Name of Employee/Student: _____

Name of Department/School: _____

1. Provide a clear, concise statement of your complaint:

2. Date(s) of incident(s) _____

3. What are your suggestions for resolving this complaint?

4. Where can you be contacted if additional information is needed concerning your complaint?

Office Phone: _____

Home Phone: _____

Mailing Address: _____

You may attach other relevant information. You may also seek help in the completion of this statement from the Director of the Office of Equal Employment Opportunity or the dean of the school in which you are enrolled.

Student/Staff/Faculty Signature: _____ Date: _____