

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
COMPLAINT OF DISCRIMINATION OR HARASSMENT**

This form is to be used only for complaints of discrimination or harassment based on a protected status or category brought pursuant to OP 51.02. Protected categories include: sex, race, national origin, religion, age, disability, protected veteran status, genetic information, or other protected categories, classes, or characteristics. While sexual orientation and gender identity are not explicitly protected categories under state or federal law, it is the University's policy not to discriminate on these bases.

Include only one incident per complaint. Additional pages may be used for the same complaint; however, separate forms should be used for separate complaints. Refer to OP 51.02 for additional information.

Name of Person Filing Complaint: \_\_\_\_\_

Tech ID: R# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address, if different: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

1. Are you filling out this form on behalf of yourself or another person? If you are filling it out for someone else, please give their name and contact information.
  
2. Provide a clear and concise statement of the complained of behavior.

3. Date of the alleged action or violation.
  
4. Location of the alleged action or violation.
  
5. Please provide the name(s) and contact information of the person you are complaining about.
  
6. Please provide the name(s) and contact information of any witnesses.
  
7. Please provide the names of any persons or entities to whom any violation of law was reported and the date of the report.
  
8. What TTUHSC policy, procedure, or law do you believe was violated and how.
  
9. What specific resolution do you seek?

Please print and sign this form. Include all relevant documentation including notices of employment actions, counseling, e-mail, and/or photographs. Once signed, please return to the Office of Equal Employment Opportunity. You may also contact your local HR office for assistance or questions. An employee is allowed to present a complaint without retaliation.

Complaining Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_