

Title IX & Discrimination Complaint Form

(including sexual harassment)

Office of Diversity Initiatives

Flora Dungan Humanities Building 552 Mail Code 1009 702-895-5580

Office of the Vice President for Student Affairs & EEO Officer

Flora Dungan Humanities Building 514 Mail Code 2019 702-895-3656

Office of Student Conduct

Central Desert Complex (CDC), Building 1, Room 118 Mail Code 2019 702-895-4076

Human Resources

Campus Services Building Room 237 Mail Code 1026 702-895-5817

UNLV Athletics

Thomas and Mack Center Room 68 Mail Code 0001 702-895-4760 or Lied Athletic Complex Mail Code 0001 702-895-1314

To file a complaint with the university, please complete and bring this form to the appropriate office as listed above. Or, you may call the appropriate office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call to schedule an appointment.

Although the university cannot commit to keeping a complaint of discrimination confidential because of the university's obligation to investigate the complaint, the university will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our offices if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Note: A victim of discrimination or harassment is encouraged to use the university's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.

CONFIDENTIAL TITLE IX & DISCRIMINATION COMPLAINT FORM

UNLV AFFILIATION				
☐ Academic Faculty☐ Administrative Faculty	☐ Classified Staff☐ Student	I - 7	☐ Employment Applicant ☐ Other; Explain:	
COMPLAINANT:				
Last Name	 First Name			
East Nume	Thist Nume		1411	
Address				
Work Telephone		Home Telephone		
NATURE OF COMPLAINT: (Check on	ie or more)			
☐ Age☐ Race/Color/Ethnicity☐ Sexual Orientation	☐ Disability☐ Religion☐ Veteran Status	☐ Gender/Sex☐ Retaliation☐ Other:	☐ National Origin☐ Sexual Harassment	
PERSON WHO DISCRIMINATED AGA	INST YOU:			
	_			
Name	Title	Department		
DESCRIPTION OF COMPLAINT: Describe your complaint and why you have contact with this individua place(s) the discrimination/retaliation	l, e.g. supervisor, co-	worker, faculty, customer,	etc. Give date(s), time(s),	
PREVIOUS ACTION: Have you brought this matter to the name(s) and department(s) of all other	· ·			
COMPLAINT DOCUMENTATION: Ex	plain any documenta	ntion supporting your comp	plaint.	

CORRECTIVE ACTION	SOUGHT: (Attach additional pages as necessar	y.)
WITNESSES: (Relation	ship= co-worker, supervisor, customer, faculty,	, etc.)
Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone
Name	Title/Relationship	Telephone
DECLARATION:		
I declare under penalt	y of perjury that the foregoing is true and corre	ect.
Signature	Print Name	Date
OFFICE USE ONLY		
Referral:		
Disposition:		
Signed:		Date: