

Preventing and Addressing Discrimination, Harassment and Retaliation (PADHR) Complaint Form

A. Personal Information

Name: (first name) (middle initial) (last/surname)

Mailing Address:

Check your preferred contact method below:

- E-Mail Address, Work Phone, Home Phone, Other (Mobile)

B. Affiliation

- Employee: Department, Position Title, Supervisor's Name, Your UVa Computing ID
Student: Undergraduate, Graduate, Your UVa Computing ID
Job Applicant, Other

C. How did you hear about EOOCR?

- Online Training, In-person presentation, Referred by, Website, Other

D. Basis of Your Complaint* (Protected Characteristic) - check all that apply

FOR EXAMPLE, if you believe that you were treated worse than someone else because of race, you should check the box next to Race. If you believe you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. Please check the Retaliation box if you believe you were treated adversely because you complained about discrimination, participated in someone else's complaint, or you filed a complaint or charge of discrimination.

- Age, Color, Disability, Family Medical and Genetic Information, Gender Identity, Marital Status, National/Ethnic Origin, Political Affiliation, Race, Religion, Retaliation, Sex (including pregnancy), Sexual Orientation, Veteran Status

If you checked age, national/ethnic origin, genetic information, marital status, political affiliation, religion, sexual orientation, and/or veteran status, how did the person(s) you believe discriminated against or harassed you obtain the information?

*IMPORTANT: For reports of sexual assault, sexual exploitation, intimate partner violence, stalking, and sexual and gender-based harassment, please refer to the Policy on Sexual and Gender Based Harassment and Other Forms of Interpersonal Violence or visit: eocr.virginia.edu/title-ix

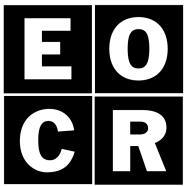


E. Explanation of Circumstances

Describe what happened to you that you believe was discriminatory. Include date(s), the action(s) at issue, and the name(s) and title(s) of the person(s) who you believe discriminated against you. *If needed, use page 4 to add additional information.*
(Example: Date of Action: 10/02/06 – Action: Discharged by Mr. John Doe, Production Supervisor)

1. Date of Action:		Action:	
a. Respondent(s) - Name and Title of Person(s) Responsible:			
b. Why do you believe that this action was discriminatory?			
c. What reason was given to you for the acts that you consider discriminatory?			
d. Are there any witnesses to the alleged discriminatory incidents? Include full name, job title, contact information and what information they may provide.			

2. Date of Action:		Action:	
a. Respondent(s) - Name and Title of Person(s) Responsible:			
b. Why do you believe that this action was discriminatory?			
c. What reason was given to you for the acts that you consider discriminatory?			
d. Are there any witnesses to the alleged discriminatory incidents? Include full name, job title, contact information and what information they may provide.			



F. Similar or Same situation and treatment

For example, who else applied for the same job you did, who else violated the same policy, or who else had the same performance? Provide the protected characteristic of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. If needed, use page 4 to add additional information.

Form with 3 main sections (1, 2, 3) for reporting better, worse, or same treatment. Each section includes sub-sections (a, b) with fields for Full Name, Protected characteristic, Job Title, Email Address, and Description of Treatment.

G. Acknowledgement

By completing and submitting this form, I am initiating a complaint which I request the Office for Equal Opportunity and Civil Rights to investigate in accordance with the PADHR Complaint Procedures. I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature

Date

Please submit the form to the University of Virginia, Office for Equal Opportunity and Civil Rights

Mailing Address: PO Box 400219, Madison Hall, Charlottesville, VA 22904

Email: uvaeocr@virginia.edu

Fax: (434) 924-1313

For questions, please contact EOCR at (434) 924-3200.

