THE UNIVERSITY OF RHODE ISLAND
OFFICE OF EQUAL OPPORTUNITY

Civil Rights Complaint Form

Complainant Information

Preferred Resolution Process:

☐ **Formal** ☐ **Informal**

Name: _____ Date(mm/dd/yyyy): _____

Campus Address: _____ Work Phone: _____

Home Address: _____ Mobile Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Your Status or Role: ☐ Employee ☐ Student ☐ Job Applicant ☐ Other: _____

If you are are an employee or student employee, please provide the following information:

Your Professional Title: _____

Name of Your Department: _____

Name of Your Immediate Supervisor: _____

Name and Title(s) of Respondent(s): _____

If you are a student and the alleged violation is against your professor and occurred while you were taking a class, please provide the semester, class title, and section number: _____

Where did the alleged violation take place? _____

Basis of alleged complaint:

☐ Age Date of Birth(Optional) : _____
☐ Disability: _____
☐ National Origin
☐ Race or Color: Specify _____
☐ Religion
☐ Sex

☐ Gender ☐ Gender Identity/Expression ☐ Sexual Orientation ☐ Pregnancy or Related Conditions

☐ Veteran
☐ Other: _____

Nature of charge:

☐ Access/Accommodation
☐ Discrimination
☐ Harassment
☐ Retaliation
☐ Other: _____

Date(s) of Alleged Violation (mm/dd/yyyy): _____ ☐ On-Going

Have you brought this charge to anyone else's attention? ☐ No ☐ Yes, to whom? _____

Please indicate what action would you like to be taken?

Explain the nature of your complaint citing specific examples as well as dates, people involved, and witnesses. If necessary, please attach a written narrative in PDF or Word format. Please attach relevant evidence to support your claims:

Please list the full names and contact information of relevant witnesses:

Complainant Signature **Date**

By signing here, you acknowledge that you understand this Civil Rights Complaint Form will be shared with the Respondent(s). Contact information and home address will be redacted.

Please return this completed form to the Office of Equal Opportunity by email, mail, or in-person delivery.

Email:
equalopportunity-group@uri.edu

Address:
University of Rhode Island Office of Equal Opportunity
201 Carlotti Administration Building, 75 Lower College Road
Kingston, Rhode Island 02881

If you have questions or require a reasonable accommodation to complete this form, please call 401-874-2316, R.I. Relay 711

For office use:

Date Received:

Updated 09/09/25