

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 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:

Nature of charge:

Age Date of Birth: _____

Disability: _____

National Origin _____

Race or Color: Specify _____

Religion _____

Sex _____

Gender Gender Identity/Expression Sexual Orientation

Pregnancy
or Related Conditions

Veteran
Other: _____

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
401-874-2376, R.I. Relay 711**

For office use:

Date Received: _____