Complaint Form

Please provide all of the following known information relevant to your allegations of a violation of the **University** of Massachusetts Non-Discrimination and Harassment BOT Policy (Doc. T16-040). Alternately, you may report your complaint verbally. A verbal complaint will later be reduced to writing.

Please provide the following information:
Your name:
Your employee title:
Your contact information:
If you are a concerned person but not the person you believe was directly impacted, please provide the following:
The impacted person's name:
The impacted person's employee title:
The impacted person's contact information:
Name(s) of the person(s) alleged to have violated the University of Massachusetts Policy/Guidelines:
Name:
Contact information if known:
Alleged violator's employee status:
Date(s), time(s), and location(s) of the alleged occurrence(s); or, practice(s) that are unfair to some groups or create unequal access:

Names of and contact information for any witnesses to the alleged occurrence(s):
A detailed description of the occurrence(s); or a detailed description of the alleged practice(s) that are unfair to some groups or create unequal access:
List of relevant documentary evidence. The evidence itself must also be provided as quickly as possible.
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Any remedy you are looking for, if relevant. The President's Office will determine appropriate remedies, but this information may be helpful in understanding the complaint.