University of Massachusetts
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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.

_____
_____
_____
_____
_____

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.

_____