

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
COMPLAINT OF SEXUAL HARASSMENT, SEXUAL ASSAULT, OR SEXUAL
MISCONDUCT**

This form is to be used only for complaints of Sexual Misconduct brought pursuant to OP 51.03. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual nature. The term includes sexual harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence, sexual violence, and any other misconduct based on sex. While sexual orientation and gender identity are not explicitly protected categories under state or federal law, it is the University's policy not to discriminate on these bases.

Include only one incident per complaint. Additional pages may be used for the same complaint; however, separate forms should be used for separate complaints. Refer to OP 51.03 for additional information.

Name of Person Filing Complaint: _____

Tech ID: R# _____

Address: _____

Permanent Address, if different: _____

Cell Phone: _____ Work Phone: _____

Work Email Address: _____

Personal Email Address: _____

Preferred Method of Contact: _____

Employing Department: _____

Name of Immediate Supervisor: _____

1. Are you filling out this form on behalf of yourself or another person? If you are filling it out for someone else, please give their name and contact information.

2. Provide a clear and concise statement of the complained of behavior.

3. Date of the alleged action or violation.
4. Location of the alleged action or violation.
5. Please provide the name(s) and contact information of the person you are complaining about.
6. Please provide the name(s) and contact information of any witnesses.
7. Please provide the names of any persons or entities to whom any violation of law was reported and the date of the report.
8. What TTUHSC policy, procedure, or law do you believe was violated and how.
9. What specific resolution do you seek?

Please print and sign this form. Include all relevant documentation including notices of employment actions, counseling, e-mail, and/or photographs. Once signed, please return to the Title IX Coordinator, Title IX Deputy Coordinator, or the Office of Equal Employment Opportunity. You may also contact your local HR office for assistance or questions. An employee is allowed to present a complaint without retaliation.

Complaining Party's Signature: _____ Date: _____