Title IX Discrimination Complaint Form
(including gender equity/ sexual harassment/ sexual violence)

Office of Compliance
Flora Dungan Humanities Building, Room 634
Mail Code 1062
702-895-4055

Office of Student Conduct
Central Desert Complex (CDC), Building 1, Room 118
Mail Code 2019
702-895-4076

Human Resources
Campus Services Building, Room 237
Mail Code 1026
702-895-3504

UNLV Athletics
Thomas and Mack Center, Room 68
Mail Code 0001
702-895-4760

To file a complaint with the university, please complete and mail, email or bring this form to the appropriate office as listed above. Or, you may call the appropriate office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call to schedule an appointment.

Although the university cannot commit to keeping a complaint of discrimination confidential because of the university’s obligation to investigate the complaint, the university will use its best efforts not to disseminate information concerning the complaint beyond those have a need to know.

Please feel free to contact our offices if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Note: A victim of discrimination or harassment is encouraged to use the university’s internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.

Office of Compliance - Revised June 2017
**DISCRIMINATION & HARASSMENT COMPLAINT FORM**

**CONFIDENTIAL**

**COMPLAINANT:**

Name: 

Last First Middle

Address: 

Home Phone:

Work Phone:

☐ Student ☐ Classified ☐ Professional ☐ Faculty ☐ Other ________

**NATURE OF COMPLAINT:** ☐ Discrimination (Check any that apply) ☐ Harassment (Check any that apply)

☐ Age ☐ Color ☐ Disability ☐ National Origin ☐ Race

☐ Religion ☐ Sex (including pregnancy) ☐ Sexual Harassment ☐ Sexual Orientation

☐ Title IX ☐ Other ________

**PERSON WHO DISCRIMINATED AGAINST AND/OR HARASSED YOU:**

Name: ____________________________ Title: ____________________________

Department: ____________________________

**WITNESSES:** Provide names, titles & telephone numbers.

Name: ____________________________ Title: ____________________________ Phone #: ____________________________

Name: ____________________________ Title: ____________________________ Phone #: ____________________________

Name: ____________________________ Title: ____________________________ Phone #: ____________________________

**I BELIEVE I WAS DISCRIMINATED AGAINST AND/OR HARASSED BECAUSE:** Give date, time, place, etc.

(Additional pages may be added if necessary)

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**DOCUMENTATION:** Please explain your documentation of charges which support your complaint.

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**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**

_______________________________________________

Complainant

______________________________

Date