

DISCRIMINATION COMPLAINT FORM

SMU students, staff, faculty, applicants, all other members of the SMU community, and visitors participating in the educational activities or programs of the University may use this form to file a complaint of **discrimination on a protected basis** including race, color, religion, national origin, sex, age, disability, genetic information, veteran status, sexual orientation, gender identity and expression, and retaliation. This form can be used for complaints of sexual harassment including sexual assault, dating violence, domestic violence, and stalking that do not fall under the Title IX Sexual Harassment Policy.

Please complete as much of this form as possible. The Office of Institutional Access and Equity will use the information provided to begin an investigation, which may include contacting the Complainant, Respondent, and potential witnesses. Please note that this form can also be used for third-party reports of discrimination.

COMPLAINANT INFORMATION:

Affiliation with SMU (Check one or more):	Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>
	(If Other, please specify):
Full Name (First, Middle, Last):	
Employee/Student ID #:	
Title/Department (if applicable):	
Address:	
Contact Information:	Phone: <input type="text"/> Email: <input type="text"/>

THIRD-PARTY REPORTER INFORMATION:

Affiliation with SMU (Check one or more):	Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>
	(If Other, please specify):
Full Name (First, Middle, Last):	
Employee/Student ID #:	
Title/Department (if applicable):	
Address:	
Contact Information:	Phone: <input type="text"/> Email: <input type="text"/>
Relationship to Parties:	

RESPONDENT/ACCUSED INFORMATION:

Affiliation with SMU (Check one or more):	Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>
	(If Other, please specify):
Full Name (First, Middle, Last):	
Employee/Student ID #:	
Title/Department (if applicable):	
Address:	
Contact Information:	Phone: <input type="text"/> Email: <input type="text"/>
Relationship to Respondent:	

NATURE OF VIOLATION: (Check all that apply)

<input type="checkbox"/>	Race	<input type="checkbox"/>	Sex*	<input type="checkbox"/>	Veteran Status
<input type="checkbox"/>	Color	<input type="checkbox"/>	Age	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Gender Identity and Expression
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Retaliation

*Sex includes discrimination on the basis of gender, sexual harassment, sexual assault, dating violence, domestic violence, and stalking.

COMPLAINT: Describe the incident(s) including dates, times, and locations. Attach additional pages or documents as needed.

If you also reported this information to any other department on campus or to an external agency, please provide the name, title/department or law enforcement agency, and the phone number of the individuals contacted. Attach additional pages or documents as needed.

Name	Title/Department	Phone Number

WITNESSES: Please provide the name, relationship to the Complainant, and phone number of any potential witnesses to the incident(s). Attach additional pages or documents as needed.

Name	Relationship	Phone Number

RESOLUTION: Please state or describe the remedy/resolution you are seeking.

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that making a false complaint is a violation of University policy and can result in sanctions.

Printed Name of Submitter

Signature

Date

Please email this form and relevant documents to accesssequity@smu.edu. Alternatively, you may return it to the Office of Institutional Access and Equity (IAE) located in the Perkins Administration Building, Room 204. To contact IAE, please call 214- 768-3601. To access all SMU non-discrimination policies and procedures or for more information, please visit the IAE website: <http://www.smu.edu/iae>.

For Internal Use Only

Received by:	Date Received: