

# Inquiry Form

## UNT Office of Equal Opportunity

Hurley Administration Building, Suite 175 • (940) 565-2795 • OEO@unt.edu

### 1 Complainant Contact Information

*The individual, group of people or unit who was harmed or who is claiming wrongdoing against them*

Student Faculty Staff Visitor Alumni

Name:

Email:

Employee/Student ID:

*\*If you checked Faculty or Staff above, please indicate the department and title.*

Department:

Title:

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### 2 Referent Contact Information

*The referent is someone who learns of harm done to another person. Fill out this section if you are fulfilling your duty to report.*

Student Faculty Staff Visitor Alumni

Name:

Email:

*\*If you checked Faculty or Staff above, please indicate the department and title.*

Department:

Title:

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### 3 Respondent Contact Information

*Respondent is an individual, person, or unit against whom a concern is raised or a complaint is filed with the Office of Equal Opportunity*

Student Faculty Staff Visitor Alumni

Name:

Email:

Employee/Student ID:

*\*If you checked Faculty or Staff above, please indicate the department and title.*

Department:

Title:

## 4 Nature of alleged violation of university non-discrimination policy

*Include date, time period and description. Attach additional pages/documents if needed.*

### Category of Inquiry (check all that apply)

Discrimination      Harassment      Retaliation

### Type of Inquiry (check all that apply)

Age    Color    Disability    Gender Identity & Expression    National Origin/Citizenship

Gender/Sex    Religion    Race & Ethnicity    Political Affiliation    Genetic Information

Sexual Orientation    Veterans' Status    Marital Status    Other

### Sexual Misconduct (check all that apply):

Sexual Assault    Sexual Harrassment    Sexual Violence    Stalking/Relationship Violence

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## 5 Complaints must fall under the purview of the following policies

OEO investigates complaints that meet the requirements of the following policies:

- **05.011** - Employment of Individuals with Disabilities/Workplace Accommodations
- **16.001** - Disability Accommodation for Students and Academic Units
- **16.002** - Campus Access for Service and Comfort Animals for People with Disabilities
- **16.004** - Nondiscrimination/Equal Opportunity, Affirmative Action, and Non-Retaliation
- **16.005** - Sexual Harassment
- **12.005** - Prohibition of Sexual Assault and Retaliation

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

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**Signature of person submitting this form**

**Date**

*Email this form to [OEO@unt.edu](mailto:OEO@unt.edu). Alternatively, you may return it to the OEO office in the Hurley Administration Building room 175.*

## 6 Action taken by the Office of Equal Opportunity

Accepted for Complaint

Referral

Closure

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**Received by**

**Date received**