



## FORMAL COMPLAINT FORM

Please use the following form to provide information regarding your complaint of harm of an individual or group. Please complete all information requested and attach additional documentation as necessary.

|  |                      |
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| <b>COMPLAINANT INFORMATION:</b> The complainant is the individual (s) who was harmed or is claiming harm against them. |                      |
| Name:  |                      |
| Phone:   | E-Mail:              |
| Department<br>(Optional):  | Title<br>(Optional): |

|  |                      |
|--|----------------------|
| <b>ADDITIONAL COMPLAINANT INFORMATION:</b> |                      |
| Name:                                      |                      |
| Phone:                                     | E-Mail:              |
| Department<br>(Optional):                  | Title<br>(Optional): |

|   |                      |
|---|----------------------|
| <b>REFERRANT INFORMATION:</b> The referent is someone who brings a claim on behalf of another person. |                      |
| Name:   |                      |
| Phone:  | E-Mail:              |
| Department<br>(Optional):   | Title<br>(Optional): |

|  |                      |
|--|----------------------|
| <b>ADDITIONAL REFERRANT INFORMATION:</b> |                      |
| Name:                                    |                      |
| Phone:                                   | E-Mail:              |
| Department<br>(Optional):                | Title<br>(Optional): |

|  |                      |
|--|----------------------|
| <b>RESPONDENT INFORMATION:</b> The respondent is a group or individual alleged to have engaged in an incident of prohibited conduct. |                      |
| Name:  |                      |
| Phone:   | E-Mail:              |
| Department<br>(Optional):  | Title<br>(Optional): |

|   |                      |
|---|----------------------|
| <b>ADDITIONAL RESPONDENT INFORMATION:</b> |                      |
| Name:                                     |                      |
| Phone:                                    | E-Mail:              |
| Department<br>(Optional):                 | Title<br>(Optional): |

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## FORMAL COMPLAINT

State any evidence, documents, materials that you have to support your complaint:

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### COMPLAINANT ACKNOWLEDGEMENT:

I certify to the best of my ability and knowledge that the information provided in the form is accurate and the events/circumstances are as I described them. I understand that making a false complaint may result in disciplinary action.

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**Signature:**

**Date:**

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This form may be submitted to the Office of Human Resources at [eeo@twu.edu](mailto:eeo@twu.edu) or delivered to the Office of Human Resources in the Oakland Complex, 1201 Oakland Street, Denton, Texas 76201.