



Texas Tech University System Complaint of Discrimination or Harassment Including Sexual Harassment, Sexual Assault, or Sexual Misconduct

Complaints of Discrimination or Harassment: This form is to be used for complaints of discrimination or harassment based on a protected status or category brought pursuant to [TTUS Regulation 07.10](#), TTU OP 40.02, TTUHSC OP 51.02, TTUHSC-EP OP 51.02, or ASU OP 16.02. Protected categories include: sex, race, color, national origin, religion, age, disability, protected veteran status, genetic information, or other protected categories, classes, or characteristics.

Complaints of Sexual Misconduct: This form is also to be used for complaints of Sexual Misconduct brought pursuant to TTUS Regulation 07.06 including [Regulation 07.06.A](#) (Title IX Sexual Misconduct) and [Regulation 07.06.B](#) (Non-Title IX Sexual Misconduct), TTU OP 40.03, TTUHSC OP 51.03, TTUHSC-EP OP 51.03, or ASU OP 16.03. 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.

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 the regulation and OPs listed above for additional information.

Please note that this form is for the Complaining Party to file a complaint about directly experienced behavior. If you are simply reporting an incident, please use the respective link provided on the Office of Equal Opportunity website.

Once completed, please email this form to eeo@ttu.edu.

Name of Person Filing Complaint: _____

University: ASU MSU Texas TTU TTUHSC TTUHSC El Paso System Administration

Are you: An employee A student A non-university third party

University ID#: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Permanent Address, if different: _____

Work or TTU Email Address: _____

Personal Email Address: _____

Preferred Method of Contact: _____

Employing Department, if applicable: _____

Name of Immediate Supervisor, if applicable: _____

Date of the alleged action or violation: _____

Please provide the name(s) and contact information of the person you are complaining about.

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

Location of the complained of behavior.

Please provide the name(s) and contact information of any witnesses, and state the nature of the information they possess.

Please provide the names of any persons or entities to whom any violation of laws were reported and the date(s) of the report.

Other than the OPs listed above, what policy, procedure, or state or federal law do you believe was violated and how?

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 Office of Equal Opportunity. You may also contact the Office of Equal Opportunity for assistance or questions at 806-742-3627. An employee or student is allowed to present a complaint without retaliation.

Complaining Party's Signature: _____

Date: _____

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