



COMPLAINT OF RETALIATION FORM

GENERAL INFORMATION

Complainant: _____
University Position/Status: _____ Campus Phone: _____
Campus Address: _____ Home Phone: _____
Home Address: _____
Preferred Email: _____

Respondent: _____
Campus Phone: _____ Campus Address: _____
Position/Status of Respondent: _____
Relationship to Complainant: _____

ALLEGATION OF RETALIATION BASED ON

- Good Faith Disclosure Participation in Investigation of Good Faith Disclosure
 - Enforcement of Protection Against Reprisal for Good Faith Disclosures Policy
-
-

ALLEGED RETALIATION INVOLVED

- Terms and/or Conditions of Employment University Event or Program
 - Terms and/or Conditions of Education University Service
 - Other, Explain: _____
-
-

COMPLAINT (Describe the nature of your complaint. Attach additional pages if necessary.)

COMPLAINT (Continued)

RESOLUTION SOUGHT

Have you brought your complaint to the attention of any other University department or State or Federal agency? Yes No

If yes, please state the name of the University department or agency and date: _____

CERTIFICATION

I certify that the information I have provided on this Complaint of Retaliation Form is true and accurate to the best of my knowledge or belief.

Signature of Complainant

Date
