

| | |
|---|---|
| EEO-Río Piedras Campus Office of Equal Employment Opportunity Grievance Reporting Form | Case number: EEO- Date: |
| IMPORTANT: Please read the information below carefully and complete this form outlining details of a complaint of harassment or discrimination based on a protected class issue. | |

A protected class is a group of people who share common characteristics and are protected from harassment and discrimination by federal and state laws. The 8 protected classes are: race, sex, creed, religion, national origin, age, color, and handicapping condition. It is also against policy for a manager or supervisor to retaliate against an employee who files a complaint or a witness who provides information to this office during an investigation. If you feel you are being singled out and subjected to harassing or discriminatory behavior because you are a member of one of these protected classes, please complete the following information and submit to the Office of EEO. Receipt of this completed form will constitute filing a grievance. A determination will be made based on a review and investigation of your allegations. The results will be forwarded in writing to the person making the complaint.

Contact Information for Person Filing the Complaint (YOU)

| | | | | |
|--|----------------------------------|--|----------------------------------|--|
| Name (indicate Mr., Ms., Mrs.): | | | | Phone # (work): |
| Campus address: | | | | Phone # (home) |
| Home address: | | | | Division: |
| Job Title: Professor | | | | |
| Non-Educational Staff <input type="checkbox"/> | Faculty <input type="checkbox"/> | Administrator <input type="checkbox"/> | Student <input type="checkbox"/> | Other <input type="checkbox"/> please indicate |

Contact Information for Person Complaint is AGAINST: (person harassing or discriminating against you)

| | | | | |
|--|----------------------------------|--|----------------------------------|--|
| Name (indicate Mr., Ms., Mrs.): | | | | Phone # (work): |
| Campus address: | | | | Phone # (home): |
| Home address: | | | | Division: |
| Job Title: | | | | |
| Non-educational staff <input type="checkbox"/> | Faculty <input type="checkbox"/> | Administrator <input type="checkbox"/> | Student <input type="checkbox"/> | Other <input type="checkbox"/> please indicate |

I feel that I am being harassed because of my:

(Check all that apply, and then identify the group you are in. For example, if you feel you are being harassed because of your age and you are 48 years old, check age and write "48" in the box below age.)

| | | | | | |
|---------------------------------------|-------------------------------|------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| Protected Class Identification | Race <input type="checkbox"/> | Sex <input type="checkbox"/> | Creed <input type="checkbox"/> | Religion <input type="checkbox"/> | Other <input type="checkbox"/> |
|---------------------------------------|-------------------------------|------------------------------|--------------------------------|-----------------------------------|--------------------------------|

| | | | | | |
|---------------------------------------|--|------------------------------|--------------------------------|-------------------------------------|--------------------------------------|
| Protected Class Identification | National Origin <input type="checkbox"/> | Age <input type="checkbox"/> | Color <input type="checkbox"/> | Disability <input type="checkbox"/> | Retaliation <input type="checkbox"/> |
|---------------------------------------|--|------------------------------|--------------------------------|-------------------------------------|--------------------------------------|

Relevant Dates

| | |
|---|--|
| What date did the behavior first occur? | |
| When was the last date the behavior occurred? | |

Relationship with Alleged Harasser

| |
|---|
| <input type="checkbox"/> Employee/supervisor |
| <input type="checkbox"/> student/professor |
| <input type="checkbox"/> Other, please explain: |

**Provide description of alleged harassment or discrimination on page 2
And forward to the Office:**

Office of Equal Employment Opportunity Human Resources Office,
University of Puerto Rico Río Piedras Campus
PO Box 23321
Phone (787) 764-0000 ext 5473 Fax (787) 764-3288
Email:

Description of Alleged Harassment or Discrimination:

Grievances filed with the EEO using this form will follow the standard investigatory procedure. Upon receipt of this completed form, this office will call the complainant to follow up and confirm initiation of the investigatory process before proceeding. The information provided above is true and correct. (Please sign below.)

Signature _____ **Date** _____