APPENDIX B.

OFFICE OF INSTITUTIONAL EQUITY & COMPLIANCE INCIDENT REPORT FORM

The Office of Institutional Equity and Compliance handles student, employee, and visitor reports of discrimination and harassment based on age, color, disability, genetic information, national origin, race, religion, sex (including pregnancy) veteran status, sexual orientation, gender identity and gender expression. This includes reports of sexual misconduct, including sexual harassment and sexual violence. Our office also handles reports of relationship violence and stalking.

Once you submit this form, you may be contacted by someone from the Office of Institutional Equity and Compliance (OIEC) if additional information is needed. Regardless of the nature of your report, the University will ensure that your report is forwarded to the office with responsibility for investigating and addressing, as appropriate, based on the information you have provided.

IF THERE IS IMMEDIATE RISK TO LIFE, SAFETY, OR PROPERTY, PLEASE CALL 911
or you may call CAMPUS POLICE AT (972)883-2222

**CONTACT INFORMATION**

<table>
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<tr>
<th>Faculty</th>
<th>Staff</th>
<th>Student</th>
<th>Other (Please Explain):</th>
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Employee or Student ID# (If applicable): ____________________________

Preferred Method of Contact:  Phone  Email

Today’s Date: ________________________

Preferred Phone#: ____________________________

Preferred Email: ____________________________

Home Address: ____________________________

Campus Address: ____________________________

Department Name (Employees only): ____________________________

**PERSONS INVOLVED**

*Please use this section to list the names of the parties involved as well as any witnesses, etc. Enter as much information as possible. If you have included your name above, it is not necessary to add it to this section.*

<table>
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<tr>
<th>Name of Person or Organization</th>
<th>Role</th>
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**REPORT DETAILS**

*Nature of this Report (check all that apply):*

- [ ] Discrimination
- [X] Retaliation
- [ ] Sexual Misconduct, (including Sexual Harassment and Sexual Violence)
- [ ] Relationship Violence
- [ ] Stalking

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Do you feel this happened because of (check all that apply):

- Age
- Race
- Disability
- Gender Identity
- Other
- National Origin
- Religion
- Sexual Orientation
- Gender Expression
- Not Applicable
- Color
- Sex (Including pregnancy)
- Veteran Status
- Genetic Information

Comment: ____________________________________________

INCIDENT DETAILS

Date of incident: ________________________ Time of incident: ________________________

Specific Location of incident: ______________________________________________________

Have you notified anyone else or any other campus or non-campus unit about this incident? If yes, who did you notify:

Please provide as much detail as you are comfortable with concerning the incident. This narrative will be reviewed by the appropriate staff member at the Office of Institutional Equity and Compliance:

STATEMENTS OF NON-RETAIATION AND CONFIDENTIALITY

The University’s Policy on Retaliation prohibits retaliation against an individual who in good faith files a report and/or participates in any investigation related to an allegation of prohibited harassment or discrimination. I understand that this Incident Report form, any correspondence, and all discussions pertaining to this complaint process are confidential to the extent permitted by law. By typing my initials below, I agree to abide by these guidelines.

Initial Here: __________________________ Date: __________________________

For further information, you may contact the UT Dallas Title IX Coordinator at TitleIXCoordinator@utdallas.edu or 972-883-2218.

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