

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

Today's Date _____

Your Name: _____

Faculty ☐ Staff ☐ Student ☐ Other (Please Explain): _____

Employee or Student ID# (if applicable): _____ Preferred Method of Contact: ☐ Phone ☐ Email

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.

Name of Person or Organization	Role	Email/Phone#

REPORT DETAILS

Nature of this Report (check all that apply):

- | | | |
|--|--|--------------|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Retaliation | Other: _____ |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual Misconduct,
(including Sexual Harassment and Sexual Violence) | |
| <input type="checkbox"/> Relationship Violence | <input type="checkbox"/> Stalking | |

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

☐

Age

☐

National Origin

☐

Color

☐

Race

☐

Religion

☐

Sex (including pregnancy)

☐

Disability

☐

Sexual Orientation

☐

Veteran Status

☐

Gender Identity

☐

Gender Expression

☐

Genetic Information

☐

Other

☐

Not Applicable

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-RETALIATION 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.