



Human Resources

Akron, OH 44325-4730  
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## Equal Employment Opportunity/Affirmative Action Office Complaint of Discrimination or Harassment

In order for the EEO/AA Office to quickly handle your complaint, please supply the following information.

Your Name:

Home Address:

Telephone Number:

Email Address:

University of Akron Email Address:

University of Akron Telephone Number:

### Cause of Discrimination

Age

Disability

Genetic Information

Marital Status

Military/Veteran Status

National Origin or Ancestry

Parent of Foster Child

Parent of Young Child

Race or Color

Religion

Retaliation

Complaints under the University's Gender-Based Misconduct and Title IX Policy and Protocol should be filed with the Title IX Office.

The name, email address and title (if known) of each person or entity you charge with discriminatory actions/harassment in The University of Akron community:

List each name, email address and telephone number (if known) of each person who saw, witnessed or heard what happened:

Briefly describe what happened, in order of occurrence, noting particularly who said what, to whom, and what discriminatory act/harassment you charge. Please provide as much detail and specifics such as dates, places and times as possible. If more space is needed, attach additional sheets of paper.

## **Acknowledgement of the Complaint**

By submitting this Complaint, I am requesting that the University investigate the facts underlying this Complaint. I understand that the information provided here will be heard by other members of the University of Akron community as needed for a full and fair investigation.

## **Verification**

I have read the foregoing Complaint. The statements therein are true to the best of my knowledge, information and belief.

Signature:

Date:

Please submit this completed form to:

EEO/AA Office  
The University of Akron  
185 E. Mill St.  
ASB Room 138  
Akron, OH 44325-4709

Or by email to: [eeocompliance@uakron.edu](mailto:eeocompliance@uakron.edu)