

COMPLAINT OF RETALIATION

Name: _____ Phone: _____ Student Employee

Preferred Mailing Address: _____
(to be used for written correspondence regarding this complaint)

Email Address: _____

Retaliatory action taken against you:

Retaliation based on (specific action previously taken by you that you believe is linked to the retaliatory action):

Identify the person(s) who took the alleged retaliatory action(s): _____

Date(s) on which the alleged actions occurred: _____

What result do you seek by filing this complaint? _____

Please note — Your complaint is not considered complete, and cannot be pursued, until this form is completed and signed. If this form was not obtained as a result of a meeting with staff from the dispensing office (Compliance and Equity Management, Dean of Students, Human Resource Services, Provost Office), the complaint will not be processed until an in-take meeting has taken place. If you have concerns about your safety, please notify UNI Police at 273.2712 immediately.

This form and any attachments will be shared with the person(s) named above and their superiors. By my signature below, I authorize the University of Northern Iowa to investigate my complaint or to conduct an inquiry on my behalf. It is my intent and understanding that this is authorization to discuss any matter concerning my complaint with any persons having relevant knowledge of the events and circumstances involved with my complaint, including, but not limited to the person(s) named above.

Complainant

Date

For Office Use Only

Case:

Office: