

UTEP RETALIATION COMPLAINT FORM

INSTRUCTIONS

This form is intended for use by an employee (or former employee) who believes they have been retaliated against in their role as a UTEP employee, in violation of UT System's Protection from Retaliation for Reporting Suspected Wrongdoing policy (UTS 131). Additional information regarding UTEP's Protection from Retaliation for Reporting Suspected Wrongdoing Policy can be found at: <https://www.utep.edu/hoop/section-5/ch-8.htm>

This completed form and any supporting documentation should be submitted via email to the Retaliation Complaint Officer at complianceoffice@utep.edu within 30 calendar days of the date of the alleged retaliation. The Retaliation Complaint Officer at UTEP is Mary Solis, Director – Office of Institutional Compliance, The University of Texas at El Paso, 500 W. University, El Paso, TX 79968.

****Please complete all sections. Incomplete forms will not be reviewed.****

It is important to provide as much detail as possible when completing this form to better assist in the fact-gathering process of the investigation.

Upon receipt of your complaint, it will be reviewed to determine if your complaint is complete and timely in accordance with [HOP Section V, Chapter 8](#). You will be notified of the status of your complaint as quickly as possible.

It is the expectation of the University that those who submit a complaint pursuant to UTEP's Protection from Retaliation for Reporting Suspected Wrongdoing Policy **will remain active and cooperative in the complaint resolution process and will always maintain strict confidentiality.**

COMPLAINANT INFORMATION (Name of the Individual alleging retaliation) (Please Print)

Name (First, Last):

Mailing Address (Street, City, State, Zip code):

Cell Phone:

E-mail Address:

Current Position:

Department:

RESPONDENT: (Name of the individual alleged to have engaged in retaliation)

*Attach additional names on separate sheets if necessary.

Name (First, Last):

Current Position:

Department:

Relationship to Complainant:

DATE AND PLACE OF THE ALLEGED RETALIATION:

Date Retaliation Started: _____

Date Retaliation Ended (If presently occurring, put "Present"): _____

Place of alleged retaliation:

DETAILED DESCRIPTION OF THE SPECIFIC CONDUCT THAT IS ALLEGED TO CONSTITUTE RETALIATION:

NAMES OF ANY WITNESSES TO THE ALLEGED RETALIATION: List any witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint. Include contact information (phone numbers, e-mail addresses) when possible.

RESOLUTION REQUESTED BY THE COMPLAINANT:

ANY OTHER RELEVANT INFORMATION:

PLEASE UPLOAD COPIES OF DOCUMENTS PERTAINING TO THE ALLEGED RETALIATION (Any supporting evidence or documents such as e-mails, records, or other materials that you believe support your complaint.)

ACKNOWLEDGEMENT

Per this complaint of retaliation, I hereby certify the following:

- The information I have provided is accurate, and the circumstances are as I have described them.
- I understand that the submittal of a knowingly false complaint may be subject to disciplinary action.
- I understand that retaliation against individuals who have filed a complaint, participated in an investigation, or opposed any unlawful practice is prohibited and may be subject to disciplinary action.
- I understand that a copy of this complaint, along with the attachments, will be furnished to the individual alleged to have engaged in retaliation ("respondent").
- I have attached to this complaint any supporting evidence and/or documents such as e-mails, records, and materials that I believe support my allegation(s).
- I understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint.
- I understand that the nature of this complaint, correspondence, and all discussions conducted during the course of the investigation are confidential to the extent permitted by law, and that unauthorized disclosures of information concerning the investigation could be subject to disciplinary action.

Complainant's Signature: _____ Date: _____

Print Name: _____

Please submit this completed form and any supporting documentation and/or relevant information via email to complianceoffice@utep.edu or in writing in an envelope marked "Confidential" to the Retaliation Complaint Officer at UTEP:

Mary Solis, Director, Office of Institutional Compliance

E-mail: complianceoffice@utep.edu

500 W. University Avenue

Kelly Hall, Room 309

El Paso, TX 79968