

# 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 Policy can be found at: <https://www.utep.edu/hoop/section-5/ch-8.html>.

This completed form and any supporting documentation should be submitted via email to the Retaliation Complaint Officer at [complianceoffice@utep.edu](mailto:complianceoffice@utep.edu) within 30 calendar days of the date the alleged retaliation occurred. 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 the investigators in the fact-gathering process.**

Upon receipt of your complaint, it will be reviewed to determine if your complaint is complete, timely, and raises covered issues. You will be notified of the status of your complaint as quickly as possible.

It is required that you, the Complainant, sign & date this form. It is the expectation of the University that those who file a complaint pursuant to UTEP's Protection from Retaliation Policy **will remain active and cooperative in the complaint resolution process and will always maintain strict confidentiality.**

## COMPLAINANT INFORMATION (person alleging they have been retaliated against)

Name (First, Last):

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

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Cell Phone:

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E-mail Address:

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Current Position:

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Department:

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

\*Include additional respondents on page 5 if necessary

Name (First, Last):

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Current Position:

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Department:

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Relationship to Complainant:

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**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:**

(Please use additional space on page 5, if necessary.)

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**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.

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**CORRECTIVE ACTION REQUESTED BY THE COMPLAINANT:**

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**ANY OTHER RELEVANT INFORMATION:**

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**PLEASE INCLUDE COPIES OF DOCUMENTS PERTAINING TO THE ALLEGED RETALIATION AS ADDITIONAL ATTACHEMENTS** (Any supportive evidence and/or documentation such as e-mail, records, and materials which you believe support your allegation)

## ACKNOWLEDGEMENT

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. The University of Texas El Paso takes complaints seriously, and therefore, any complaints alleged in a manner of fabrication with wrongful intent will be dismissed; and the individual(s) may be subject to disciplinary action. Also, retaliation against individuals who have filed a complaint/charge, participated in an investigation, or opposed any unlawful practice is prohibited & may subject the person who retaliates to disciplinary action.

I understand and acknowledge that a copy of this complaint, along with the attachments, may be furnished to the alleged offender ("respondent"). I have attached to this complaint, any supportive evidence and/or documentation such as e-mail, records, and materials which I believe support my allegation. I also 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 I will have to provide contact information for any witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever information the University deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted during the course of the investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

**\*Please note – once this form is signed, it will become read-only and cannot be edited further.**

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this completed form and any supporting documentation and/or relevant information via email to [complianceoffice@utep.edu](mailto: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](mailto:complianceoffice@utep.edu)

500 W. University Avenue

Kelly Hall, Room 308

El Paso, TX 79968

**Additional RESPONDENT:** (Name of the person alleged to have engaged in retaliation)

Name (First, Last):

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Current Position:

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Department:

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Relationship to Complainant:

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**Additional RESPONDENT:** (Name of the person alleged to have engaged in retaliation)

Name (First, Last):

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Current Position:

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Department:

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Relationship to Complainant:

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**DETAILED DESCRIPTION OF THE SPECIFIC CONDUCT THAT IS ALLEGED TO CONSTITUTE RETALIATION (continued):**