

EQUAL OPPORTUNITY REPORT FORM

USF Employees, including USF student employees, should use this form to report protected class-based workplace discrimination, harassment, or retaliation based on protected class reporting. A "protected class" is a group of people who are protected from workplace discrimination or harassment. Protected classes are defined by federal law.

USF Employees serving in a supervisory role must use this form to report protected class-based workplace discrimination or harassment they observe or have made known to them.

Unsure whether this is an equal opportunity matter, please contact us at 813-974-3906, or eo-adacompliance@usf.edu.

NOTE: Sex-based discrimination should be reported to Title IX-VAWA Compliance, rather than Equal Opportunity Compliance. Sex-based discrimination includes discrimination based on sex of employees and students of educational institutions that receive federal financial assistance. Please report sex-based discrimination using their form: <u>Title IX Incident form</u>. For more information about Title IX, consult their website: <u>Title IX-VAWA Compliance</u>.

	Contact Information:					
1.	Name:					
	Department:					
	USF Email:					
2.	Name of the discriminating or harassing person(s). Name:					
	Name.			_		
	Position Title:					
	Department:					
3.		tate the date of the most recent discriminatory, harassing, or etaliatory incident which took place:				
4.	Provide the name(s) of individuals with direct knowledge of the most recent discriminatory, harassing, or retaliatory incident.					
		Name:	Contact Info:			
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5. BASIS OF COI	BASIS OF COMPLAINT:					
□Age □Color □Disability □Gender Ider □Genetic Info		□National Origin □Race and Ethnicity □Religion □Sex (gender) □Sexual Orientation □Veterans' Status				
6. TYPE OF COM	IPLAINT:					
□Reclassifica □Classroom l		☐ Hiring Issue ☐ Co-worker Issue ☐ Promotion/Tenure ☐ Termination	□Layoff □Advisor/Professor Issue □Working Conditions □Other			
7. Describe the facts and circumstances surrounding the alleged discriminatory activity, including relevant dates and as much detail as you can. Attach additional sheets if needed.						
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8. Please describe the remedy or outcome you are seeking to resolve in this complaint:
 Helpful Guidance: 1) Include the date, location, individuals involved (if known) and any other information reported to you or observed by you that relates to incidents you are reporting. 2) Include the date, time, and individuals that you may have contacted, alerted, or otherwise involved in the incident as you worked to address it; and 3) Note any actions that have been taken by the university or anyone else to address the incident.
Signature of Person Completing This Form Date
Forward this form to EO-ADA Compliance using the following email address: EO-ADACompliance@usf.edu.
The University of South Florida affirms its equal opportunity policy in accordance with the provisions of the Florida Educational Equity Act and all other relevant state and federal laws, rules, and regulations. The university will not discriminate on the basis of protected class: age, color, disability, gender identity and expression, genetic information, marital status, national origin, race and ethnicity, religion, sex (gender), sexual orientation, or veterans' status in its employment practices or in the admission and treatment of students.
Discrimination based on protected class violates USF policy. The university has zero tolerance for such conduct