

FACULTY COMPLAINT FORM
Department of World Languages, Literatures, and Cultures

This form is intended to document and address conflicts or complaints between faculty members. All information provided will be treated confidentially in accordance with university policies.

1. Complainant Form

Full Name: _____

Title/Position: _____

Department/Program: _____

University Email: _____

2. Respondent Information

Full Name: _____

Title/Position: _____

Department/Program: _____

University Email: _____

3. Date and Location of Incident

Date (MM/DD/YYYY): _____

Approximate Time (if applicable): _____

Location: _____

4. Description of Incident

Please describe the incident in detail, including any relevant facts, persons involved, and witnesses. Attach additional pages if necessary.

5. Type of Complaint (check all that apply)

Inappropriate conduct / harassment / disrespectful behavior

Professional disagreement / workplace conflict

Violation of departmental or university policies

Other (please specify): _____

6. Prior Actions Taken (if any)

Describe any previous attempts to resolve the issue, such as direct discussion, mediation, or reports to supervisors.

7. Supporting Documentation (optional)

List or attach any relevant documents (e.g., emails, notes, reports, meeting minutes).

8. Certification and Signature

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only:

Received by: _____ Date: _____