

Universal Technical Institute Title IX Discrimination Complaint Form

When the form has been completed and signed by you, and then signed by the Title IX Coordinator, your complaint has been properly received and noted by the Institute. By signing this form, you understand that Universal Technical Institute will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know, including notifying the respondent of the identity of the person(s) filing the complaint. Complaints may be filed anonymously. The Institute generally keeps Title IX discrimination complaints confidential though it may be required to investigate certain complaints to ensure the safety of the campus community. Complaint forms can be mailed or emailed to the Title IX Coordinator: Melanie Scheet, National Director of Student Services, 16220 N. Scottsdale Road, Suite 100, Scottsdale, AZ, 85254, mscheet@uti.edu. The Title IX Coordinator can be reached at 800-859-7249 or 321-281-9755 should assistance be needed.

The Title IX Coordinator and/or designee investigates complaints by employees, students, and third parties who believe themselves to be harmed by sexual harassment or discrimination related to gender in UTI's programs or activities.

I am filing this complaint as a: check one: (v)

Employee Student Visitor/Vendor/Other

Optional: By checking this box, I am requesting that the Institute not take any action on my report. I understand that the Institute will use its best efforts not to investigate the report, but may have to move forward depending on the nature of the report and where necessary to ensure the safety of UTI community members.

Name

Department (if applicable)

Campus (if applicable)

Work Phone

Home Phone

Work Address

Home Address

Employee ID

Student ID

Have you brought this matter to the attention of any other department(s) at the Institute? If so, please list the name(s), department(s), and approximate dates of all other persons with whom you have discussed this matter.

Type of Complaint

Check all that apply (v)

- Bullying
- Cyber bullying
- Gender Discrimination
- Gender Inequity
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- Dating or Domestic Violence
- Other: _____

Complaint: Describe your complaint. If available, please include the date, time, and location of the incident(s) and explain what occurred. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, instructor, student.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, instructor, student, etc.)

| 1. | Name | Relationship | Telephone |
|----|------|--------------|-----------|
| 2. | Name | Relationship | Telephone |
| 3. | Name | Relationship | Telephone |

I certify the aforementioned is true and correct.



Your signature

Date

For the Title IX Coordinator and/or Designee

Complaint taken by:

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
|-----------|------------|------|
