

Respect@

Report Disrespectful Behavior

If you wish to report an incident anonymously, you may fill out this form and transmit or deliver it to the appropriate office using the contact information listed on the [Respect@UVA main page](#), by email, mail or in-person, without revealing your identity. Please note that anonymous reports may limit the University's ability to respond effectively. Consistent with University policy, **Responsible Employees may not report anonymously.**

*NOTE: Student complaint submissions will be communicated to and handled by the appropriate student resources, which may include CASS, PACE, SDAC, or to appropriate stakeholders' offices including EOCR and the Provost's Office.

Email to respect@virginia.edu or by mail to: P.O. Box 400127, Charlottesville VA 22904 Attention: ER

Please indicate your affiliation with UVA:

Employee Faculty Student Other

Nature of Complaint:

Complainant(s)

"Complainant" means the employee or student who was impacted by the reported conduct regardless of whether that person makes a report or seeks action under the relevant University policy.

If there are additional Complainants, please attach a separate sheet.

Are you the complainant (i.e., did this happen to you)? Yes No

Please enter the Complainant's name, if known:

Complainant's relationship with UVA:

- Employee Faculty Former Employee Student Alumna/Alumnus
 Third Party Unknown

Other Identifying Information (Complainant):

- I cannot identify the Complainant
 I would prefer not to identify the Complainant

Respondent(s)

"Respondent" means the employee or student who committed the reported conduct.

If there are additional Respondents, please attach a separate sheet.

Please enter Respondent's name, if known:

Respondent's relationship with UVA:

- Employee Faculty Former Employee Student Alumna/Alumnus
 Third Party Unknown

Relationship of the Respondent to you:

- Direct Supervisor
 Employee within your department
 Employee outside your department
 Management (not direct supervision)
 Subordinate
 Vendor/Visitor
 Other

Other identifying information (Respondent):

- I cannot identify the Respondent
- I would prefer not to identify the Respondent

Witness(es)

"Witness" means the employee, student, or third party who saw the incident take place or has relevant information. *List available names and contact information for each person with information.*

Please enter Witness's information, if known:

Date of Incident

Do you know the date on which the incident/conduct occurred?

- Yes, and the incident/conduct occurred on _____
- No Multiple/Ongoing

Please include any additional date/time information:

Incident Location Information

Please provide detailed information on the location of the incident(s):

The Incident/What Happened

Please provide a description of the incident/conduct you are reporting using specific, concise, descriptive language (who, what, where, when, and how). If you need more space, please attach additional page(s) to this form, together with any relevant supporting documentation (e.g., copies or screenshots of documents, emails, photos, text messages, videos and/or other evidence related to this report) you may have.

***Please also indicate your desired outcome.**