

# 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. Note that, consistent with University policy, **Responsible Employees may not report anonymously.**

Simply print and complete the form and deliver via email to [respect@virginia.edu](mailto:respect@virginia.edu) or by mail to: P.O. Box 400127, Charlottesville VA 22904 Attention: Employee Relations

### Please indicate your affiliation with UVA:

Employee    Faculty    Student    Other

### Nature of Complaint:

## Complainant(s)

"Complainant" means the employee or student who presents as the victim of 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 event take place.

*If there are additional witnesses, please attach a separate sheet.*

**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, and/or other evidence related to this report) you may have. Please also indicate your desired outcome, if applicable.