



Office of University Rights and Responsibilities Report Form

An individual who completes this form before meeting with URR may email the form to: URR@asu.edu

I. Complainant Information:

Name (Last)	(First)	(Middle Initial)	Date Submitted (Mo/Day/Yr)
Job Title			Department/Division
ASU Hire Date (Mo/Day/Yr)			Preferred Contact/Phone Number and/or Email Address

II. Basis of Concern or Allegation

Please provide a description of your concern or allegation including but not limited to:

- Specific details of the incident or event
- Relevant dates
- Person(s) who is the subject of your concerns or allegations (e.g., name, title, department, contact information)

If applicable, please attach supporting documentation.

(If you need more room please continue on next page)

II. Basis of Concern or Allegation (continued):

III. Please provide names and, if known, contact information for all witnesses. Please note what relevant information, each witness may have.

IV. Please describe any interim action or interim measure that you are requesting: