

11-18-23/6

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Thomas, Andre

From: ocr_complaint@ed.gov
Sent: (b)(6); (b)(7)(C) 10:16 PM
To: (b)(6); (b)(7)(C) OCR DC; OCR Webmaster
Subject: OCR Electronic Complaint Submission

PLEASE DO NOT REPLY TO THIS E-MAIL. THIS E-MAIL ADDRESS IS USED BY DEPARTMENT OF EDUCATION AUTOMATED SYSTEMS AND IS NOT MONITORED.

SUBMISSION CONFIRMATION

Your complaint with the Office for Civil Rights has been automatically forwarded to the following office for review:

Office for Civil Rights/ED
Washington DC (Metro)
400 Maryland Avenue, SW
Washington, D.C., 20202-1475

Phone: 202-453-6020
TDD: 800-877-8339
Fax: 202-453-6021
Email: OCR.DC@ed.gov

So that we can best assist you, we call your attention to the following:

1. If you need to communicate with OCR regarding your complaint before you are contacted directly, please do not reply to this message, which would result in your reply going to a send-only server address. Instead, please direct your correspondence to the above office at OCR.DC@ed.gov
2. If you need to modify or supplement your complaint, please do not use the complaint form to submit another complaint with the new information. Instead, you may simply send an email to the office that has your complaint. Filing duplicative complaints may impede our ability to review your concerns in a timely manner. (If you have a separate complaint involving other matters, you may of course use this form to submit it.)
3. Remember that before OCR can process your complaint, we must receive a signed and dated consent form. If we have not received your signed consent form within 20 calendar days of the date of this email, we will close your complaint. A copy of the Office for Civil Rights Consent Form is available for your convenience at [OCR Complaint Consent Form](#). Please sign and date the appropriate response on the consent form and mail it to the OCR Enforcement Office at the address above. If you do not have access to a printer, please email or call the OCR Enforcement Office identified above to request a blank consent form.
4. It is recommended that you print a copy of this message and retain it for your records.

If you have not already read the following documents, they can be downloadable from the links below:

- [Information About OCR's Complaint Processing Procedures](#)
- [Office for Civil Rights Notice About Investigatory Uses of Personal Information](#)

OCDEMAIL0080446R Institution Name: University of Virginia



Office for Civil Rights
Online Complaint Database Administration

Discrimination Complaint Form Details

1. Enter information about yourself.

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Best Time to Call You:

Primary Phone

Number:

Alternative Phone

Number:

Your Email Address:

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2. Who else can we call if we cannot reach you?

Contact's Name:

Daytime Phone

Number:

Relationship to you:

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3. Who was discriminated against?

Myself

If someone other than yourself please include:

Injured Person's Name:

Daytime Phone Number:

Evening Phone Number:

Relationship to You

(eg. son or daughter)

Injured Person's Address:

City:

State:

Zip Code:

4. What institution discriminated?

Institution Name: University of Virginia

Address:

City:

State:

VA

Zip Code:

School or department Title IX
involved:

5. Have you tried to resolve the complaint through the institution's grievance process, due process hearing, or with another agency?

Yes

Agency Name: Title IX Office

Date Filed:

(b)(6);

Current status of the
complaint:

I was told that the retaliation and harassment I was experiencing did not merit action by Title IX. All of my outreach to administrators at UVA have also

been ignored.

6. Describe the discrimination

On what basis were you discriminated against?

sex;

Description of each discriminatory action:

Hello, I have been going through the Title IX process at the University of Virginia since (b)(6);

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Do you have written information that you think will help us understand your complaint?

Yes

7. When did the last act of discrimination occur?

Enter the date:

(b)(6);

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

No

Reason for not filing complaint before 180 days.

Reason:

8. What would you like the institution to do as a result of your complaint?

I am not sure. An end to this ridiculous process. (b)(6); (b)(7)(C) I'm willing to do whatever it takes to rectify this injustice.

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