

Receipt Date: 11/7/2023

Docket Number: 08-24-2043

1. Enter information about yourself

First Name: (b)(6); (b)(7)(C)

Last Name: (b)(6); (b)(7)(C)

Address: (b)(6); (b)(7)(C)

City: (b)(6); (b)(7)(C)

State: (b)(6); (b)(7)(C)

Zip Code: (b)(6); (b)(7)(C)

Best Time to Call You: Day

Primary Phone Number: (b)(6); (b)(7)(C)

Alternative Phone Number: (b)(6); (b)(7)(C)

Your Email Address: (b)(6); (b)(7)(C)

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

Contact's Name: {Empty}

Daytime Phone Number: {Empty}

Relationship to you: {Empty}

3. Who was discriminated against?

Yourself or Someone else Myself?

If someone other than yourself please include:

Injured Person's Name: {Empty}

Daytime Phone Number: {Empty}

Evening Phone Number: {Empty}

Relationship to You
(eg. son or daughter) {Empty}

Injured Person's Address: {Empty}

City: {Empty}

State: {Empty}

Zip Code: {Empty}

4. What institution discriminated?

Institution Name: University of Arizona

Address: 1018 East South Campus Drive

City: Tucson

State: Arizona

Zip Code: 85719

School or department involved: University of Arizona

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

Have you tried to resolve the complaint? Yes

Agency Name: (b)(6); (b)(7)(C)

Date Filed
(MM/DD/YYYY); (b)(6); (b)(7)(C) - 00:00

If yes, what is the current status of the complaint? The matter has been unresolved

6. Describe the discrimination

OCR enforces regulations that prohibit discrimination on the basis of race, color, national origin; sex; disability; and/or age.

(You may select more than one.)

On what basis were you discriminated against? national origin

In the space provided below please describe each discriminatory action separately. For each action, you need to provide the following information: On (b)(6); (b)(7)(C) I, (b)(6); (b)(7)(C) noticed a (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

On (b)(6); (b)(7)(C) I, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

I have tried reaching out to University officials to receive some help, but have been unsuccessful in receiving a contact from them.

Do you have written information that you think will help us understand your complaint?
yes or no Yes

7. Your complaint must be filed within 180 days of the discriminatory action

The laws that we enforce require that complaints be filed with our office within 180 days of the alleged discriminatory event. If any of the alleged discriminatory actions took place more than 180 days before the postmark or receipt date of this complaint, you may request a waiver of the 180-day limit. When did the last act of discrimination occur?

When did the last act of discrimination occur?

Enter the date: 00:00

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?

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?

yes or no No

Reason for not filing complaint before 180 days: {Empty}

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

What remedy are you seeking? I am seeking for the university to cover my education costs instead of seeking out legal action against the University Of Arizona . This is because my by the lack of communication and community I have found here at the University Of Arizona . I have and, despite my best efforts at reaching out to university officials, such as the president and Dean of students, I have not received any point of contact from them.

9. Option to Participate in OCR's Early Mediation Process

I am interested in participating in early mediation: Yes