



OFFICE OF EQUAL OPPORTUNITY

Complaint Intake Form

COMPLAINANT/INQUIRER

Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Nonbinary	<input type="checkbox"/> Male
Address:			
Cell Phone:	E-mail Address:		
Check appropriate status with the University. If faculty or staff, list title. If a student, list year and program of study.			
<input type="checkbox"/> Faculty <input type="checkbox"/> Administrative Professional <input type="checkbox"/> State Classified <input type="checkbox"/> Student			
Department/College/Division:			
Signature:			Date:

RESPONDENT (if more than one, please list all)

Name:	<input type="checkbox"/> Female	<input type="checkbox"/> Nonbinary	<input type="checkbox"/> Male
Address:			
Check appropriate status with the University:			
<input type="checkbox"/> Faculty <input type="checkbox"/> Administrative Professional <input type="checkbox"/> State Classified <input type="checkbox"/> Student <input type="checkbox"/> Other			
Department/College/Division:			

BASIS OF COMPLAINT

<input type="checkbox"/> Discrimination		<input type="checkbox"/> Harassment		<input type="checkbox"/> Retaliation	
<input type="checkbox"/> Race / Ethnicity	<input type="checkbox"/> Religion / Creed	<input type="checkbox"/> Gender	<input type="checkbox"/> Genetic Information		
<input type="checkbox"/> Age	<input type="checkbox"/> National Origin / Ancestry	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation		
<input type="checkbox"/> Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Veteran status	<input type="checkbox"/> Gender Identity / Expression		

DETAILS OF EVENT

Date(s) and Time(s):	Location(s):
Describe events that form your complaint (attach additional pages if necessary):	
Have you brought your complaint to the attention of any other University personnel and/or outside agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	
If so, please state who at the University and/or agency:	
Under which resolution process are you filing your complaint: <input type="checkbox"/> Informal <input type="checkbox"/> Formal (if Formal, attach letter)	
Resolution Sought:	
(For OEO use only) Received by:	Date: