

**Complaint Intake Form**

Please be advised that:

* You should make a copy of intake/paperwork **BEFORE** submitting documents to OEO
* Completing an intake form is **FOR REVIEW PURPOSES ONLY**
* The information contained on the form is **HELD CONFIDENTIAL** in this office

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| COmplainant/inquirer | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | Female | Intersex | | | | | Male | |
| Address | | |  | | | | | | | | | | | | | | | | |  |
| 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. | | | | | | | | | | |  | | | | | | | | |  |
| Faculty  Staff  Student  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Department/College/Program of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Date\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Respondent (if more than one, please list all) | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Female | | | Intersex | | | | | Male | | | |
| E-mail Address |  |  |  | | | | | | | |  | | | | | | | | | |
| Check respondent’s status  Faculty  Staff  Student  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Department/College | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| Respondent (if more than one, please list all) | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Female | | | Intersex | | | | | Male | | | |
| E-mail Address |  |  |  | | | | | | | |  | | | | | | | | | |
| Check respondent’s status  Faculty  Staff  Student  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Department/College | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |
| Respondent (if more than one, please list all) | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Female | | | Intersex | | | | | Male | | | |
| E-mail Address |  |  |  | | | | | | | |  | | | | | | | | | |
| Check respondent’s status  Faculty  Staff  Student  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Department/College | | |  | | | | | | | | | | | | | | | | | |
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| UNM Office of Equal Opportunity | | | | | | | | | | | | | | | | | | | | |
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| **Complaint Intake Form** | | | | | | | | | | | | | | | | | | | | |
| Basis of Complaint | | | | | | | | | | | | | | | | | | | | |
| Sexual Violence | | | | Harassment | | Discrimination | | | | Retaliation | | | | | Failure to Accommodate | | | | | |
| **SECTION II: PROTECTED CATEGORY** | | | | | | | | | | | | | | | | | | | | |
| Age | | | Ancestry/National Origin | | | | Color | | | | Disability (Physical or Mental) | | | | | | | | | |
| Gender (Identity/Expression) | | | Genetic Information | | Medical Condition | | | | | | Pregnancy | | | | | Religion | | | | |
| Sex | |  | Sexual Orientation | | Spousal Affiliation | | | | | | Veteran status | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| details of event | | | | |
| Location(s)  On Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Off Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| First Time: (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Last Time: (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Continuous?  Yes  No | |
| Did anyone witness the behavior described above?  Yes  No | | | | |
| Describe Complaint and Identify Any Witnesses to the Event (attach additional pages if necessary) | | | | |
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| Have you brought your complaint to the attention of any other University personnel and/or outside agency?  Yes  No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| If so, please state who at the University and/or agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| (For OEO use only) Received by Date | | | | |