

**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 |