



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

COMPLAINANT/INQUIRER

Name, Address, Phone, E-mail Address, Check appropriate status with the University, Department/College/Program of Study, Job Title, Signature, Date

RESPONDENT (if more than one, please list all)

Name, E-mail Address, Check respondent's status, Department/College

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BASIS OF COMPLAINT

Grid of checkboxes for Sexual Violence, Harassment, Discrimination, Retaliation, Failure to Accommodate

SECTION II: PROTECTED CATEGORY

Grid of checkboxes for Age, Ancestry/National Origin, Color, Disability, Gender, Genetic Information, Medical Condition, Pregnancy, Religion, Sex, Sexual Orientation, Spousal Affiliation, Veteran status

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)

Large empty text area for describing the complaint and witnesses.

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