



Discrimination Intake Form

I. Background

Name: _____

Home Address: _____ University Address: _____

Home Telephone Number: _____ Work Extension: _____

Status: Employee or Student University Position: _____

II. **Allegations based on:** race, religion, sex, national origin, ancestry, age, marital status, sexual orientation, disability, or veteran status. (Please circle)

Briefly explain the nature of your complaint:

When did this event/s occur:

Who is the individual/s that is the basis of your complaint (when possible, please note title):

If anyone witnessed these events, please list their names, titles and a summary of what you believed they witnessed.

<u>Name</u>	<u>Title</u>	<u>Summary</u>
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Please indicate how you would like this situation to be resolved.

Complaint: Formal or Informal (circle one).

If necessary, please attach a written statement to the Intake Form.

Complainant's Signature

Date