



COMPLAINT INTAKE QUESTIONNAIRE

GENERAL INFORMATION: If you are a member of the University community, and you believe that you have been subjected to prohibited discrimination or harassment, you may file a complaint with this office. Please complete this questionnaire. The individual(s), agency, or department that you identify as being responsible for the alleged prohibited conduct is called the “responding party.” To the extent practicable and as appropriate, your complaint will be kept private and discussed only on a need-to-know basis. Please contact this office if you would like more information about unlawful discrimination or this process.

1. Impacted Party Information:

Last Name: _____ First Name: _____ MI: _____

If applicable: Employee/Student PID: _____

Phone Numbers: Home/Cell: _____ Work: _____

Email Address: _____

Your relationship to the University (please check all that apply): ☐ Student ☐ Faculty

☐ Admin-Pro Staff ☐ Classified staff ☐ Employment applicant ☐ Admissions applicant ☐ Member of the public

☐ Other (fill in): _____

2. Responding Party Information: The respondent is the person, agency, department, establishment or service that you are reporting about. For person(s) include name and job title (if known) or their relationship to the University (eg. faculty, staff, student etc.). For agencies, departments, establishments or other services, include the name of the locale, location, manager, and other people believed to be involved.

3. What is the reason (basis) for your complaint?

☐ Discrimination ☐ Harassment

Please indicate below the basis (bases) on which you believe these prohibited actions were taken:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Creed | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender/Sex | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Marital/Parental/Familial Status | <input type="checkbox"/> National Origin | <input type="checkbox"/> Pregnancy | |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status | | |
| <input type="checkbox"/> Other : _____ | | | |

4. Impacted Party Statement:

What did the responding party do? List separately each action that you believe was discriminatory. Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe engaged in prohibited conduct against you. (Example: 11/15/2013 – I was prohibited from attending a “men’s only” training session by John Doe, Dean of Basket Weaving). Be specific, regarding who, what, when, where and how for each allegation. State why you believe the treatment you received was based on the category(s) identified in Question 3 above. What reason(s), if any, were given to you for the acts you consider discriminatory? By whom (his/her title)? Any other relevant information that you can add to your allegations such as files save on your computer, emails etc. *You may also attach a separate written statement; simply write “see attached” below.*

5. Witness Information: Please list below the names and job titles (if known) or their relationships to the University (e.g. faculty, staff, student etc.) or others we may contact for additional information to support or clarify your complaint. *Witnesses should have first-hand knowledge of what happened to you or may have seen or experienced similar treatment.*

Name	Job Title/Relationship to University/Other	Telephone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please tell us what information your witnesses can provide:

Witness 1 _____
Witness 2 _____
Witness 3 _____

6. Have you sought assistance with this situation from a supervisor, faculty member, staff member, or any other source (to include those outside of the University)? ☐ Yes ☐ No

If applicable, provide the name of the person you spoke with, the date of contact, and the results, if any?

7. What remedy are you seeking as a result of your complaint?

I, _____ certify that my answers to the above questions are true and accurate to the best of my knowledge, and that I have read and understand the statements made in the general information/purpose section of this complaint intake questionnaire.

Signature and PID of Employee/Student

Date

Signature of Director of EO/AA & Title IX Coordinator

Date