



OFFICE OF DIVERSITY & EQUITY

# Complaint Processing Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: HOME \_\_\_\_\_ Phone: HOME \_\_\_\_\_  
 WORK \_\_\_\_\_ WORK \_\_\_\_\_

<input type="checkbox"/> Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Department: _____ Major: _____ Degree: _____ Dept. Chairperson: _____	<input type="checkbox"/> Support Staff <input type="checkbox"/> Academic <input type="checkbox"/> Professional/Administrative Department: _____ Job Title: _____ Classification: _____ Immediate Supervisor: _____
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<b>Discrimination based on:</b> <input type="checkbox"/> Age <input type="checkbox"/> National Origin <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Color <input type="checkbox"/> Race <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Veteran's Status <input type="checkbox"/> Gender <input type="checkbox"/> Retaliation	<b>Date alleged discrimination occurred or date you became aware of alleged discrimination:</b> _____
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<b>If others are affected by this violation, give their names and/or positions:</b> _____ _____ _____	<b>The person(s) responsible for the alleged discrimination (check all that applies):</b> <input type="checkbox"/> Dean <input type="checkbox"/> Division Manager <input type="checkbox"/> Chairperson <input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Professor/Associate Instructor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other: _____
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<b>In what area did the discrimination occur?</b> <input type="checkbox"/> Academic Environment <input type="checkbox"/> Exclusion <input type="checkbox"/> Qualifications <input type="checkbox"/> Admission <input type="checkbox"/> Financial aid <input type="checkbox"/> Referral <input type="checkbox"/> Advertising <input type="checkbox"/> Grading <input type="checkbox"/> Seniority <input type="checkbox"/> Athletes <input type="checkbox"/> Hiring <input type="checkbox"/> Student Programs <input type="checkbox"/> Benefits <input type="checkbox"/> Intimidation/Reprisal <input type="checkbox"/> Terms and Conditions <input type="checkbox"/> Demotion <input type="checkbox"/> Job Classification <input type="checkbox"/> Training/Apprentices <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff/Recall <input type="checkbox"/> Union Representation <input type="checkbox"/> Equal Pay <input type="checkbox"/> Promotion <input type="checkbox"/> Wages/Salary Other (please specify): _____	<b>How often has discrimination occurred since the alleged date occurrence?</b> _____ _____ _____ _____
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<b>Complainant corrective action sought for this complaint?</b> _____ _____ _____	<b>Has complainant confronted the respondent?</b> Yes ___ No ___ If so, when? _____ <b>Assistance from any other IUN official or external agency?</b> ___ If so, who? _____
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In order to resolve this complaint, I hereby give IUN Office of Diversity and Equity permission to review my personnel folder and/or student records and discuss my complaint with the alleged discriminatory person(s) witnesses to the act.

Signatures: \_\_\_\_\_ (Complainant)  
 \_\_\_\_\_ (Respondent)      Date: \_\_\_\_\_

**Statement of facts surrounding the alleged discriminatory act (be specific, use the back of this page if necessary):**  
 \_\_\_\_\_  
 \_\_\_\_\_

