



INDIANA UNIVERSITY NORTHWEST

Office of Equal Opportunity & Affirmative Action Programs Complaint Processing Intake Form

Name: _____

Date: _____

Address: _____

Phone: Cell _____

Home _____

Email: _____

Preferred to be reached by: _____

Best time: _____

_____ Student
_____ Undergraduate
_____ Graduate Student

_____ Employee
_____ Faculty
_____ Staff

Department: _____

Department: _____

School: _____

Job Title: _____

Major: _____

Job Classification: _____

Degree: _____

Pay Grade: _____

Discrimination Based on:

_____ Age	_____ Harassment	_____ Religion
_____ Color	_____ Marital Status	_____ Retaliation
_____ Disability	_____ National Origin	_____ Sex (Anatomy)
_____ Ethnicity	_____ Pregnancy	_____ Sexual Orientation
_____ Gender (Identity)	_____ Race	_____ Veteran's Status

In what area did the discrimination occur?

_____ Academic Environment	_____ Exclusion	_____ Qualifications
_____ Admission	_____ Financial aid	_____ Referral
_____ Advertising	_____ Grading	_____ Retaliation
_____ Athletes	_____ Harassment	_____ Seniority
_____ Benefits	_____ Hiring/Promotion/Term	_____ Student Programs
_____ Demotion	_____ Intimidation/Reprisal	_____ Terms and Conditions
_____ Discharge	_____ Job Classification	_____ Training/Apprentices
_____ Discrimination	_____ Layoff/Recall	_____ Union Representation
_____ Equal Pay	_____ Promotion	_____ Wages/Salary

Other _____

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Complaint Processing Intake Form

Requested relief sought for this complaint?

Has complainant confronted the respondent?

Yes _____ No _____ If so, when? _____

Assistance from any other IUN official or external agency? _____

If yes, who? _____

Allegation against:

Name _____ Title: _____

Date alleged act or incident occurred. Or date you became aware of this:

Others are affected by this complaint:

Name(s): _____ Contact Info: _____

Name(s): _____ Contact Info: _____

Name(s): _____ Contact Info: _____

To be completed by The Office of Affirmative Action and Employment Practices:

Types of service provided:

- | | | | |
|--------------------|----------------------|---------------------|------------------------|
| I Information Only | C Consultation | F Formal Procedures | IN Informal Procedures |
| R Referral | T Suggested Training | M Mediation | W Written response |
| O Other : _____ | | | |

Please Provide a Detailed Explanation of Complaint; Discrimination Allegations:
