

Intake Information Form

This "Intake Form" is used by the Office of Equal Opportunity and Diversity to maintain statistical information regarding visits to the Office of Equal Opportunity and Diversity.

Iowa State University

Office of Equal Opportunity and Diversity

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THIS FORM IS NOT A COMPLAINT FORM

Persons desiring to submit a formal complaint must do so in writing, stating the facts behind the complaint and the relief requested.

Date: _____

Name: _____ University ID: _____ Gender Male Female Other

Home Address: _____ Home Phone: _____

Campus Address: _____ Campus/Cell Phone: _____ E-mail _____

Race: White/Caucasian Black/African American Asian/Pacific Islander Latino/Hispanic American Indian/Alaskan Native Unknown

What is your position?

- Administrator Applicant Faculty Undergraduate Graduate Graduate Asst. P&S Staff Merit staff Temporary staff
 Former Employee Vendor/Consultant No Current ISU Affiliation Visitor Other _____

College and Department _____ Division _____

Your Supervisor: _____ Dept. Chair: _____

If you are concerned about possible discrimination or harassment, please check ALL categories that apply:

- Race Color National Origin Veteran Status Religion/Faith Disability Age Retaliation Gender/Sex Gender identity
 Sexual Orientation Other (please specify) _____

What is the nature of the concern? (check all that apply)

- Different/unequal treatment based on one or more of the above categories. Different/unequal treatment based on a consensual relationship.
 Harassment directed toward you based on one or more of the above categories Harassment directed toward someone else based on one or more of the above categories.

(Please turn over and complete other side)

CONFIDENTIALITY STATEMENT: The Office of Equal Opportunity and Diversity and Human Resource Services will make every effort to maintain confidentiality EXCEPT in situations where it is required by law and university policy that specific procedures be initiated.

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Is the person involved in these events:

- Your supervisor Your subordinate Your student Classroom instructor Colleague/Co-worker Faculty member Peer
 Other (explain)_____

SIGNATURES REQUIRED

I understand that this form is not a complaint. I further understand that I may file a formal written complaint with the Office of Equal Opportunity and Diversity. A written complaint must state the facts and the relief requested. Please indicate when events occurred, witnesses to the events, and identify any documents or physical evidence that should be considered. I understand that if I am an employee under the collective bargaining agreement, I may consult with an AFSCME representative regarding my rights.

- I DO NOT wish to file a formal complaint at this time. I understand I may file a formal complaint at another time, in accordance with ISU’s complaint resolution procedures.

- I DO wish to file a formal complaint.

Student’s or Employee’s Signature _____ Date _____

Interviewer’s Signature _____ Date _____

(Note: a copy of this form should be given to the employee or student.) Revised 08/07

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