

Print Form

Reset Form

INFORMATION INTAKE FORM

Legal Name: _____ Date: _____

Preferred Name: _____

UID Number: _____ Email: _____

Cell Phone Number: (_____) _____ Work Number: (_____) _____

Preferred Method of Contact: _____

*University Affiliation (check all that apply): Administrator Faculty P&S Staff Merit Staff

Vendor/Consultant Visitor Undergraduate Student Graduate Student Graduate Assistant

Temporary Staff Former Employee Applicant for Employment No current ISU Affiliation

Other _____

*Department/School: _____ *I identify my gender as: _____

*Pronouns (e.g. she, he, they, ze, one, etc): _____

*Race/Ethnicity: (The demographic information supplied to EO is used to maintain statistical information regarding contacts with this office. Check as many that apply.)

White

Hispanic or Latino

Asian

American Indian or Alaska Native

Black or African American

Native Hawaiian or Pacific Islander

*Describe as specifically as possible the situation or treatment (discrimination, harassment, sexual misconduct, hostile environment, etc.) about which you are concerned. Please describe any specific incidents to the best of your recollection and include the approximate date (attach additional pages if necessary).

*Are you concerned that this situation or treatment was the result of one or more of the following?

(check all that apply) Race Ethnicity Sex Pregnancy Color Religion/Creed National Origin

Age Marital Status Physical or Mental Disability Sexual Orientation Gender Identity Ex-Offender

Gender Expression Genetic Information Status as a U.S. Veteran Retaliation for raising concerns/complaints

Other _____

***Name and relationship to the individual(s) who are the subject of your concern:**

Name	Relationship

***Were there any witnesses to the situation or treatment you describe? Yes No**

Name	Relationship	Contact Information

***Have you spoken to anyone about your concerns? Yes No**

Name	Relationship	Contact Information

*** Informal Complaint Formal Complaint (See the Discrimination and Harassment Policy)**

***What action or resolution are you seeking?**

Acknowledgement:

I have been advised of the University's Discrimination and Harassment Policy. I have also been advised of my right to file an external complaint with an outside enforcement agency such as the Iowa Civil Rights Commission, the Equal Employment Opportunity Commission (EEOC), the U.S. Department of Education's Office for Civil Rights (OCR), or Federal and State courts.

I affirm that the information provided is true and that it is to the best of my knowledge.

***Signature:** _____ ***Date:** _____

CONFIDENTIALITY STATEMENT

The Office of Equal Opportunity will make every effort to maintain confidentiality **except** in situations where law, University policy, or the investigatory process requires the release of information.

RETALIATION AGAINST AN INDIVIDUAL WHO FILES A COMPLAINT AND/OR PARTICIPATES IN AN INVESTIGATION IS STRICTLY PROHIBITED.

Rev. 5/17

**mandatory fields to be filled before submitting form*

Email Form to EO