

Complaint Intake Form

Complaint Intake Date: _____

Intake Form Prepared By: _____
(PRINT NAME)

Intake Office: CDO OSA OAA HR Public Safety Student Life/Services
 Legal Counsel Department Chair Faculty/Staff Other: _____

Received Via: Walk-In Call-In Email Fax Regular Mail Inter-Office Mail

Complainant Name: _____
Tel: _____
Email: _____
Address: _____

Respondent Name: _____
Tel: _____
Email: _____
Address: _____

Witnesses: Name: _____
 Name: _____
 Name: _____

Witness Contact Info: _____
Witness Contact Info: _____
Witness Contact Info: _____

Reported By: _____

Incident Location: _____

Synopsis:

Allegation(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Accommodation Request | <input type="checkbox"/> False Report | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender/Pregnancy | <input type="checkbox"/> Sex Harass/Assault |
| <input type="checkbox"/> Alienage/Citizenship Status | <input type="checkbox"/> Inquiry/Technical Assistance | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Arrest/Prior Conviction | <input type="checkbox"/> Marital/Partnership Status | <input type="checkbox"/> Status as Victim DV/ST |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Military Status | <input type="checkbox"/> Student v. Student DV |
| <input type="checkbox"/> Ethnicity/National-Origin | <input type="checkbox"/> Predisposing Genetic Characteristic | <input type="checkbox"/> Tampering |
| <input type="checkbox"/> Caregiver Status | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Unemployment Status |
| <input type="checkbox"/> Failure to Report | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Union Grievance |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Consumer Credit History | <input type="checkbox"/> Work Place Violence |

Jurisdictional

Non-Jurisdictional

Flesh Out

