

**UNIVERSITY OF SOUTH FLORIDA ST. PETERSBURG
EQUAL OPPORTUNITY**

INTAKE INFORMATION FORM

This form does not constitute a formal complaint and will not be given to the respondent(s) with an expectation of a response. This is the form used to document allegation(s). The formal complaint will be developed after an interview with the complainant, and a review of the information contained in this form. Please call 727.873.4684 for an appointment if you have not already done so.

Use additional sheets of paper if necessary to answer the following questions

I) COMPLAINANT:

Check One: () Employee () Student () Applicant
() Other: (Specify) _____

Name: _____

Gender: _____ Race: _____

Ethnicity (Hispanic or non-Hispanic): _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: (____) _____ - _____ Work/Campus: (____) _____ - _____

Residential Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____

Employment Category:

() Faculty () Administration () Staff () OPS () Full-Time ()
Part-Time () Applicant () Other (Specify) _____

Position/Title: _____ Division/Company: _____

College/Department: _____

Mailing Address: _____

Direct Supervisor: _____ Phone Number: (____) ____ - _____

Student Category:

Classification: _____ Major: _____

Other Category/Classification (Specify):

II) BASIS OF THE COMPLAINT: (Check all appropriate items)

Race Color National Origin Sex Religion Disability
 Veteran Status Marital Status Age Retaliation
 Sexual Orientation Other: _____

III) RESPONDENT- PERSON YOU BELIEVE TO BE RESPONSIBLE FOR THE ALLEGED DIFFERENCE IN TREATMENT AND/OR COMPLAINED OF CONDUCT:

Name: _____

Gender: _____ Race: _____

Ethnicity (Hispanic or non-Hispanic): _____

The person is: Faculty USF Administrator/Staff Student Other

Position(s)/Title: _____

In Company/Division: _____

College/Department/Office: _____

Telephone Number: (____) _____ - _____

IV) DATE CONDUCT OCCURRED: (The date of the most recent difference in treatment and/or complained of conduct)

Results of the filing:

VIII) WHAT RELIEF ARE YOU SEEKING FROM USF AND/OR THE RESPONDENT?

IX) IDENTIFY THE WITNESSES WHO WILL SUPPORT YOUR ALLEGATION(S):

Name: _____
Telephone Number: (____) _____ - _____
Address: _____
Relationship to Complainant (if any): _____

Name: _____
Telephone Number: (____) _____ - _____
Address: _____
Relationship to Complainant (if any): _____

Name: _____
Telephone Number: (____) _____ - _____
Address: _____
Relationship to Complainant (if any): _____

X) COMPARATIVES: (List below the name(s), gender, race/ethnicity, of any persons who were treated differently than you under similar circumstances)

1. _____
2. _____

I affirm that, to the best of my knowledge, the information contained herein is true and factual. I understand that the completion of this form or the filing of a complaint does not extend the time for filing a complaint with an outside agency, or in a court of law.

Complainant's Signature: _____

Date: _____