

**UNIVERSITY OF SOUTH FLORIDA
DIVERSITY AND EQUAL OPPORTUNITY OFFICE**

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 (813) 974-4373 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 () A&P () USPS () 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: _____