



Equal Employment Opportunity – Center of Excellence
INTAKE COMPLAINT FORM

Name of Complainant: _____ Date: _____

Job Title: _____

Unit/Depart. Name: _____ Worksite/Depart. Address: _____

Name of Immediate Supervisor: _____

Nature of Complaint: Discrimination Harassment Retaliation, or Other: _____

Protected Class or Activity: _____

Name of Alleged Wrongdoer(s): _____

Relationship of Wrongdoer(s) to Complainant, if any: _____

Date of Incident(s): _____

DESCRIPTION OF COMPLAINT *(Please feel free to attach additional documentation pages if needed to ensure all necessary information is included):*

SPECIFIC REMEDY REQUESTED: _____

Was this complaint filed with any other enforcement agency (i.e., CHRO, EEOC, Union, Other)
Yes No If yes, with whom and Date Filed: _____ / _____
