



**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; v 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: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

