

UNIVERSITY OF NEBRASKA-LINCOLN INTAKE FORM

Office of Equity, Access and Diversity Programs
128 Canfield Administration Building
Lincoln, Nebraska 68588-0437
(402) 472-3417

(Please Print or Type)

1. Name _____ Student ___ Employee ___
Department/College _____
Supervisor's Name & Title _____
Contact Phone (s) and times you may be contacted: _____
Can a message be left at this number? Yes ___ No ___
Complete Correspondence Address (City/State/Zip): _____

2. Give names of all parties involved in the incident leading to this report, their jobs and departments (add sheets if necessary).

3. If you are reporting discrimination, what type are you reporting?
- | | | |
|-----------|------------------------|-----------------------------|
| ___ Race | ___ Religion | ___ National/Ethnic Origin |
| ___ Color | ___ Disability | ___ Marital Status |
| ___ Sex | ___ Veteran's Status | ___ Sexual Harassment |
| ___ Age | ___ Sexual Orientation | ___ Other (please explain): |
- _____
