

UNIVERSITY OF NEBRASKA-LINCOLN INTAKE FORM

Office of Institutional Equity and Compliance
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): |
- _____

4. In your own words, please explain what happened. Be specific. Include names, dates, times, etc. Attach copies of any written documents you think are important. Add sheets if necessary.

5. Are there any other incidents pertinent to this report? Please explain.

6. What would you like our office to do?

The above report is true to the best of my knowledge. I understand that in order for the Office of Institutional Equity and Compliance to take any action on this report, I will need to cooperate fully.

Signature

Date