

SOUTHEAST MISSOURI STATE UNIVERSITY
OFFICE OF THE ASSISTANT TO THE PRESIDENT FOR EQUITY ISSUES

INTAKE FORM

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

TYPE OF COMPLAINT:

Race _____ Religion _____ Age _____ National Origin _____ Handicap _____ Sex _____

Sexual Harassment _____ Retaliation _____ Other _____

Harm Caused: _____

Name(s) of Opposing Party: _____

How would you like to see this problem resolved? _____

Have you filed a complaint/grievance with any other agency? _____

If yes, with whom: _____

Signature

Date

To be completed by the Assistant to the President for Equity Issues

Date Formal Grievance Filed

Resolved

How? _____

Other Action

Signature

Date