

EOD Non-Discrimination and Sexual Misconduct Intake Form

Current Date

University of North Florida Office of Equal Opportunity and Diversity (EOD)

This complaint form is to be utilized for reporting conduct that is believed to be in violation of the University's Diversity and Equal Opportunity Regulation or the University's Sexual Misconduct Regulation and submitted online, or to J.J. Daniel Hall, Room 1201, 1 UNF Drive Jacksonville, Florida 32224, or e-mail to eod@unf.edu. (Available in alternate formats upon request.)

1) INDIVIDUAL ALLEGING VIOLATION:

Last Name

First Name

N #

Position/ Title

College/Dept.

Home Address

City State Zip Code

Phone Number

E-mail

Classification: Faculty Visitor
 Staff Other, please state:
 Student
 Applicant

RESPONDENT - Person you believe to be responsible for the alleged violation of the Non-Discrimination, Equal Opportunity and Diversity Regulation:

Last Name

First Name

Position/ Title

College/Dept.

Address

City State Zip Code

Phone Number

Classification: Faculty Applicant
 Staff Visitor
 Student Other, please state:

2) BASIS OF THE COMPLAINT: (Check all appropriate items.)

- | | | | | |
|---|-------------------------------------|--|--|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Harassment | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Violence | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> L <input type="checkbox"/> G | <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> B <input type="checkbox"/> T | <input type="checkbox"/> Disability | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Gender Identity/ Expression |

3) Check those actions which you believe the employer took or failed to take because of race, color, religion, gender, national origin, disability, religion, sexual orientation, gender identity/ expression, marital status, Title IX, veteran status, genetic information, or other protected category (more than one action may be checked).

- | | | | | | |
|---------------------------------|------------------------------------|--------------------------------------|---|--|--|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Wages | <input type="checkbox"/> Hazing | <input type="checkbox"/> Job Benefits | <input type="checkbox"/> Sabbath Day Observance | <input type="checkbox"/> Other, please state: <input type="text"/> |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Promotion | <input type="checkbox"/> Bullying | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Pregnancy Related | |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Demotion | <input type="checkbox"/> Due Process | <input type="checkbox"/> Termination | <input type="checkbox"/> Segregated Facilities | |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Seniority | <input type="checkbox"/> Free Speech | <input type="checkbox"/> Job Assignment | <input type="checkbox"/> Training and Apprenticeship | |

4) DATE CONDUCT OCCURRED: (The date of the most recent complained of conduct violation.)

Date

5) WITNESSES:

Name

Address

City State Zip Code

Phone Number

Name

Address

City State Zip Code

Phone Number

6) THE COMPLAINT. Describe in detail the alleged discriminatory/retaliatory act(s). Please make sure to include the following, at a minimum:

- **Why you believe the act(s) was because of** your disability, veteran status, race, color, religion, sex, or national origin, and why you believe the act(s) was retaliation;
- **Dates, places, names and titles of persons involved** and **witnesses**, if any;
- What **harm**, if any, was **caused** to you or others with whom you work **as a result** of the alleged discriminatory act(s); and
- What **explanation**, if any, was **offered** for the act(s) by the respondent

If this is a complaint based on disability, describe the disability, your history of disability, or why you think the employer regarded you as disabled.

7) RELIEF SOUGHT? (i.e., reinstatement of job, removal of discipline, change in assignment, grade change, etc.)

8) FILED ELSEWHERE? If you have filed this complaint or a similar one elsewhere, (i.e., As a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, etc.). please tell us:

Name and Contact

Address City State Zip Code

E-mail Phone Number

9) SIGNATURE AND VERIFICATION

I affirm that, to the best of my knowledge or belief, the information contained herein is true and factual. I understand that the completion of this form or the filing of a complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received by the Office of Equal Opportunity and Diversity. I further understand that any person who knowingly provides frivolous, false or fraudulent information in an EOD complaint may be subject to discipline. If applicable, I hereby authorize the release of any medical information needed for the investigation.

Signature of Charging Party

Date