# FAYETTEVILLE STATE UNIVERSITY

To be completed by Complainant

## EEO INFORMAL COMPLAINT INTAKE FORM

This form will provide preliminary information in order to assist in the initial review of your complaint.

Name:

Home Address: City:

State: Zip: Home Phone:

Location/School/Division/College:

Please select your current status:

☐ Career State Employee ☐ Former Career State Employee ☐ Probationary State Employee
☐ Student

Position Title/Student Status: Gender: Male Female

Race:
☐ Black ☐ White
☐ Asian/Pacific Islander ☐ Alaskan Native
☐ American Indian ☐ Other______________

Ethnicity:
☐ Hispanic
☐ Non-Hispanic

I believe that I was discriminated against by the following: (Check those that apply)

☐ Supervisor ☐ Other (Please Specify)___________________________________

Full Name you believe discriminated against you: Position/Title (if applicable)

Address: Telephone Number:

Most recent date of alleged unlawful action:

Type of unlawful action (must select at least one): ☐ Discrimination ☐ Harassment ☐ Retaliation

If alleging discrimination or retaliation, check alleged unlawful action:

☐ Hiring ☐ Training ☐ Work Assignments ☐ Demotion ☐ Suspension without Pay
☐ Promotions ☐ Dismissal ☐ Compensation ☐ Overall Performance Ratings ☐ Reduction in Force

Discrimination Basis: Do you think this happened to you because of (check as appropriate):
☐ Race ☐ Sex ☐ National Origin ☐ Disability
☐ Genetic Information ☐ Age(40+) ☐ Other (Please Specify)________________

What remedy or resolution are you seeking?

**In your own words, briefly describe what happened to you that you believe to be discriminatory.(Use additional pages as needed. Please print clearly or type).**

**List Names and Nature of Witnesses:**

_______________________________ _______________________________
(1st) Witness Name Contact Information

______________________________________________________________
Information (1st ) Witness Can Provide:

_______________________________ _______________________________
(2nd)Witness Name Contact Information

______________________________________________________________
Information (2nd) Witness Can Provide:

Additional witnesses____________________________________________

____________________________________________

__________________________ ____________________________ ____________
Complainant Name(print) Complainant Signature Date

__________________________ ____________________________
EEO Representative Name (print, sign) Date of Receipt

Please deliver this form to Kay Faircloth, Associate Director of Human Resources. If you have any questions, please contact Kay Faircloth at ext. 2461, e-mail jfaircl6@uncfsu.edu.