INFORMAL COMPLAINT INTAKE FORM

This form will provide preliminary information to assist in the initial review of your complaint. (Please provide completed form to Kay Faircloth, Associate Director Human Resources at <u>mailto:jfaircl6</u>)

Home Address: City: State: Zip: Home Phone: Location/School/Division/College: Please select your current status: EHRA Non-Faculty EHRA Faculty SHRA Type of Unlawful Action: Discrimination Harassment Retatiation 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. What remedy or resolution are you seeking? Complainant Nme(Print) Complainant Signature	Name:				
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