

DISCRIMINATION AND/OR SEXUAL HARASSMENT INTAKE FORM

Please print this form and return to
EIU, Office of Civil Rights & Diversity, 1011 Old Main, Charleston, IL 61920.

Name: _____ Department: _____

Date: _____ Phone: (w) _____ (h) _____

Issue Regarding _____

Please explain why you believe that you have been discriminated against or sexually harassed. When and Where did the incident(s) occur? Who was involved? Any other information. Attach additional sheets if necessary.

Others who may have knowledge or information:

Remedy Sought:

Complainant's signature
