WVSU
AA/EQUAL OPPORTUNITY
Pre-COMPLAINT INTAKE FORM

Date: _____

Name: _____ Race: _____ Sex: _____

Home Address: _____

Telephone: _____ Cell: _____

Department: _____

Complaint Against: _____Job Title_____

Complaint Against: _____Job Title_____

Department Chair/Supervisor _____

Complainant Status: Student ( ) Faculty ( ) Staff ( ) Applicant ( )

Contac Made Through: Office Visit ( ) E-mail ( ) Letter ( )

TYPE OF COMPLAINT

I BELIEVE THAT I HAVE BEEN DISCRIMINATED AGAINST BASED ON:

Age ( )	Color ( )	National Origin ( )	Race ( )
Religion ( )	Sex Discrimination ( ) Pregnancy ( ) Equal Pay ( )	Sexual Harassment ( )	Sexual Orientation ( )
Disabled Veteran ( )	Vietnam – Era Veteran ( )	Other ( )	Harassment ( )
Retaliation ( )	Disability ( )		
WITNESSES WHO CAN VERIFY YOUR ALLEGATION:			
Name	Address	Telephone	

_____

_____

_____

_____

_____

When did the incident happen? Or when were you made aware of: _____

NATURE OF THE COMPLAINT

Please provide complete details of your complaint.

Please do not write below this line:

Counseling Provided: _____ Case Closed: _____

Investigation Necessary: _____ Investigator: _____

Remedy Sought: _____