Missouri State University
Office for Institutional Equity and Compliance

INTAKE FORM

Complainant

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<th>Name</th>
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- Faculty
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- Student
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- University/College/Department
- Male
- Female
- Race/Ethnicity:

Respondent

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Third Party / Referral

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Origination of Complaint

- Internal (Filed with MSU OIEC)
- External (Filed with an outside agency)

Agency: ____________________________
Case# ____________________________

Cause of Discrimination (Check appropriate box(s))

- Age
- Ancestry
- Disability
- National Origin
- Race/Color
- Religion
- Gender
- Veteran Status
- Retaliation
- Sexual Harassment
- Sexual Orientation/Gender Identification
- Employee Relations
- Community Relations
- Political Affiliation
- General Unfair -Hiring Practices
- Marital Status
- Pregnancy
- Parental Status
- Student Relations
- Equal Pay
- Housing
- Title IX--
- Sexual Assault
- Stalking
- Sexual Misconduct
- Domestic or Dating Violence
- Other

[Missouri State University is an EO/AA/M/F/Veterans/Disability/Sexual Orientation/Gender Identity Employer and Institution]
Rev.8/17
Details of Complaint (If claiming discrimination or harassment and/or Title IX Sexual Misconduct)

When did the alleged incident occur?

Where did the alleged incident occur?

Who was involved in the incident?

Have you reported this to anyone? (Who / When)

Were there any witness?

Notes (Attach additional sheets if necessary):

ONLINE USER: I acknowledge that, to the best of my knowledge, I have completed this form truthfully.

Signature_________________________________________ Date____________________________