

Missouri State University
Office for Institutional Equity and Compliance **OIEC#** _____
 117 Park Central Square, Suite 111
INTAKE FORM

Complainant

Name	MSU ID	Telephone No.
E-mail Address		
Street Address	City, State, and Zip Code	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> No Current Affiliation <input type="checkbox"/> Unknown <input type="checkbox"/> University/College/Department
		<input type="checkbox"/> Male Race/ Ethnicity: <input type="checkbox"/> Female

Respondent

Name	MSU ID	Telephone No.
E-mail Address		Relationship to Complainant
Street Address	City, State, and Zip Code	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> No Current Affiliation <input type="checkbox"/> Unknown <input type="checkbox"/> University/College/Department
		<input type="checkbox"/> Male Race/ Ethnicity: <input type="checkbox"/> Female
Name	MSU ID	Telephone No.
E-mail Address		Relationship to Complainant
Street Address	City, State, and Zip Code	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> No Current Affiliation <input type="checkbox"/> Unknown <input type="checkbox"/> University/College/Department
		<input type="checkbox"/> Male Race/ Ethnicity: <input type="checkbox"/> Female

Third Party / Referral

Name	MSU ID	Telephone No.
E-mail Address		Relationship to Complainant
Street Address	City, State, and Zip Code	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> No Current Affiliation <input type="checkbox"/> Unknown <input type="checkbox"/> University/College/Department
		<input type="checkbox"/> Male Race/ Ethnicity: <input type="checkbox"/> Female

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 _____

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 _____