



Equal Opportunity Office

Intake Form- Employee

Melinda Mostyn, EO Manager 801-957-3850

Melinda.Mostyn@slcc.edu or eo@slcc.edu

(Please print all information legibly and use a pen.)

Please deliver to Melinda Mostyn at the Taylorsville Redwood Campus. You may also deliver to **TB 222A** or the front desk at Human Resources Office in **AAB 201**. You may also scan and email your form to the EO Office.

Date: _____ Name: _____

(Please print full name)

S Number: _____ Preferred Pronouns: ☐ She/Her ☐ He/His ☐ They/Them

Address: _____

Street

City

State

Zip Code

Department

Position

Title

Work Phone

Preferred Email Address
Phone

Home/Cell

☐ Full-time Staff ☐ Part-time Staff ☐ Faculty ☐ Adjunct ☐ Other _____

This is a Discrimination/Harassment Complaint. (Please refer to SLCC Policy Chapter 2, 1.11; 1.12.) Nature of complaint - please check applicable issue(s).

☐ Gender Identity ☐ Race ☐ Disability ☐ Religion ☐ GINA (Genetics)

☐ Age (over 40) ☐ Veteran Status ☐ Retaliation ☐ Color ☐ National Origin

☐ Sexual Orientation ☐ Gender ☐ Pregnancy

What SLCC Campus(es) did this incident occur?

☐ West Valley ☐ Jordan ☐ Meadowbrook ☐ Library Square ☐ Herriman Campus

☐ Miller ☐ South city ☐ WestPointe ☐ Taylorsville Redwood

Name of Responding Party (person you are making the complaint about):

Title, department and telephone number of Responding Party:

(If there is more than one Responding Party, please use the following lines to give their name(s), title(s), department(s), and phone number(s).)

Provide a description of the event(s) that led to this complaint:

(Please be as specific as possible. Use names, places, and/or dates everywhere that is possible, and be sure to give details. If you need more space, please use the back of the page or attach further documentation.)

Name of Witness(s): Please list anyone who was present during the incident or may have information.

1. Name _____ Phone Number: _____

2. Name _____ Phone Number: _____

Please attach any relevant supporting document(s). Give a brief description of the attachment(s) (emails, screen shots of text messages, etc.):

1. _____

2. _____

3. _____

List any persons employed at SLCC with whom you have already spoken to regarding the incident(s):

If you have filed a complaint regarding the incident(s) outside the College, with what office/representative/agent?_____

Contact information: _____

If you have tried to resolve this through your supervisor, please explain the results:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

(Continue on the back, if necessary.)

I have read and understand the following:

1. I affirm I have given the above information in good faith, and it is true to the best of my knowledge.
2. I understand at any time I have the right to file a complaint with an outside state/federal agency, Equal Employment Opportunity Commission, Utah Anti-Discrimination and Labor Division, or pursue a remedy in a Court of Law.
3. I understand the EO Department is not an advocate for either party. The EO Department adheres to the processes prescribed in policy, investigates when necessary and safeguards the rights and due process of those involved.
4. The SLCC EO Department, (801) 957-3850, will assist you if you have questions or concerns about the process or your employment rights.
5. I understand all official communication will be through Bruin Mail or SLCC Mail. It is my responsibility to check Bruin Mail or SLCC Mail for updates on this case.

(Reporting Party Signature)

Date_____