

Salt Lake Community College
Equal Employment Opportunity (EEO)
Intake Form - Employee

Miriam Allred

801-957-4561

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(Please print all information legibly.)

Date: _____ Name: _____
(Please print full name)

Address: _____
Street City State Zip Code

Department Position Title Work Phone
Preferred Email Address Home/Cell Phone

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).

- Race Gender Color Religion
 Age Veteran Status Disability GINA
 Sexual Orientation Retaliation National Origin

I have read and understand the following:

1. I affirm that I have given the above information in good faith and it is true to the best of my knowledge.
2. I understand that 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. The EEO Department is not an advocate for either party. The EEO Department adheres to the processes prescribed in policy, investigates when necessary and safeguards the rights and due process of those involved.
4. The SLCC EEO Department, (801) 957-4561, will assist you if you have questions or concerns about the process or your employment rights.

(Reporting Party Signature) Date _____

(Intake Representative Signature) Date _____

