

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

Miriam Allred

801-957-4561

Miriam.Allred@slcc.edu

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

Please hand deliver to Linnie Spor at the Taylorsville Redwood Campus  
AAB 211F or to the front desk at Human Resource Rm 201. You may also  
scan and email your form to Miriam Allred.

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).

Sexual Harassment  Race  Gender  Color  Religion

Age (over 40)  Veteran Status  Disability  GINA (genetics)

Sexual Orientation/Gender Identity  Retaliation  National Origin

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.)**

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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:

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(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 EEO Department is not an advocate for either party. The EEO Department adheres to the processes prescribed in this 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.
5. I understand all official communication will be through Bruin Mail or SLCC Mail. It is my responsibility to check Bruin Mail and SLCC Mail for updates on this case.

\_\_\_\_\_  
(Reporting Party Signature)

Date \_\_\_\_\_