

Salt Lake Community College
Intake Form

Equal Employment Opportunity

Mozelle Orton 801-957-4561

Clara Hansen 801-497-4687

(Please print all information legibly.)

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

Address: _____
Street City State Zip Code

Department Position Title Work Telephone Home/cell telephone

This is a Discrimination/Harassment Complaint. (Please refer to SLCC Policy Chapter 2, 2.06; 3.15.) Nature of complaint- circle applicable issue(s).

Race Sex Color National Origin Religion Age

Veteran Status Disability Sexual Orientation Retaliation

Whistleblower Reporting

Name of Respondent: _____

Title, Department and Telephone number of Respondent:

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

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 anytime I have the right to file a complaint with an outside state/federal agency, (EEOC, UALD), or to file a suit in a Court of Law.
3. The Equal Employment Opportunity Office is not an advocate for either party. The office of EEO adheres to the processes prescribed in policy, investigates when necessary and safeguards the rights and due process of the employee.
4. The office of Equal Employment Opportunity, 957-4561, will assist you if you have questions or concerns about the process or your employment rights.

(Signature)

Date_____

(Intake Officer Signature)

Date_____