



Office of Equal Employment Opportunity
Intake Form- Employee
 David Jensen, Director of EEO 801-957-4561
David.Jensen@slcc.edu or eeo@slcc.edu

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

Please deliver to David Jensen 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 EEO 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 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).

- Gender Identity Race Disability Religion GINA (Genetics)
- Age (over 40) Veteran Status Retaliation Color National Origin
- Sexual Orientation Gender

What SLCC Campus(es) did this incident occur?

- West Valley Jordan Meadowbrook Library Square Herriman Annex
- 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:

(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 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 or SLCC Mail for updates on this case.

(Reporting Party Signature)

Date_____