Salt Lake Community College
Office of Equal Employment Opportunity (EEO)
Intake Form – Student

David Jensen
801-957-4561

David.Jensen@slcc.edu
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)

Address: _____
Street City State Zip Code

_____
Preferred Email Address Home/Cell Phone

What SLCC Campus did this incident occur:

- ☐ West Valley
- ☐ Jordan
- ☐ Meadow Brook
- ☐ Library Square
- ☐ Online
- ☐ Miller
- ☐ South City
- ☐ WestPointe
- ☐ Taylorsville Redwood
- ☐ Telecommuting

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):

_____

Responding Party or contact information:

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(If there is more than one Responding Party, please use the following lines to give their name(s), and contact information.)

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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 with an Associate Dean, 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 or federal agency such as US Department of Education, Office of Civil Right or pursue a remedy in a Court of Law.

3. I understand the EEO Department is not an advocate for either party. The EEO Office 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 Office, (801) 957-4561, will assist you if you have questions or concerns about the process of your employee rights.

5. I understand all official communication will be through Bruin Mail. It is my responsibility to check Bruin Mail for updates on this case.

_____ Date_____

(Reporting Party Signature)

Revised 04/2020