

## Civil Rights Compliance Intake Form

First Name:

Last Name:

Affiliation with FSCJ:

Employee  
Student  
Vendor  
Volunteer  
Other

Campus:

Department (if applicable):

Job Title (if applicable):

Address:

Phone:

E-mail:

Preferred method of contact:

Gender:

Male  
Female

Ethnicity:

White  
Hispanic or Latino  
Black or African American  
Native American or American Indian  
Asian / Pacific Islander  
Other

Type of discrimination (select all that apply):

Age  
Disability  
Sex  
Gender  
Ethnicity  
Race/Color  
Genetic Information  
National Origin  
Sexual Orientation/Expression  
Religion  
Retaliation  
Marital Status  
Pregnancy  
Veteran Status  
Other (please specify):

**Respondent information (person who the complaint and/or allegations are against):**

First Name:

Last Name:

Affiliation with FSCJ:

Employee  
Student  
Vendor  
Volunteer  
Other

Campus:

Department (if applicable):

Job Title (if applicable):

Respondent's contact information (if known):

Using the space below, describe the alleged events and other details of your complaint.

Please list witnesses or persons with specific knowledge of your complaint (if any).

Please list dates, times, and/or locations relative to your complaint (if any).

Please describe any solutions you believe might help resolve your complaint.

I declare the facts set forth in this complaint are true and accurate (please initial):

Today's Date:

**After completing this form, please submit to [CRCO@fscj.edu](mailto:CRCO@fscj.edu).**