

Equity 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 equityofficer@fscj.edu.