



Northeastern

U N I V E R S I T Y

Intake Form

Office of Affirmative Action and Diversity

Name: _____ Date: _____ E-Mail Address: _____

Phone (Primary): _____ (Secondary/Work): _____ (Cell): _____

Student: Year: _____ Full-Time Part-Time College/Major: _____

Employee: Date of Hire: _____ Full-Time Part-Time

Department: _____ Position: _____

Address: _____

Formal Complaint Informal Complaint

Complaint: _____

How would you characterize your concern? (please attach all relevant and written documentation, if any)

Discrimination based on:

Race Sex Age Sexual Harassment Sexual Orientation Religion

Genetics Ancestry Veteran Status Disability Status Color

National Origin Other (please explain): _____

Unfair employment practice regarding:

Salary Promotion/Tenure Termination Performance Evaluation Hiring

Other (please explain): _____

Unfair academic practice (please explain) _____

What action(s) do you think would resolve your grievance? _____

Following a review of your complaint, you will be contacted by a member of the Office of Affirmative Action and Diversity within two weeks.

Signature

Received by: _____

Date: _____