



FLORIDA A&M UNIVERSITY
**OFFICE OF EQL
OPPORTUNITY**

EOP Use Only:

Received Date: _____

Office of Equal Opportunity

Programs

Foote-Hilyer Administration Center
1700 Lee Hall Drive, Suite 308
Tallahassee, Florida 32307
Telephone: (850) 599-3076
Fax: (850) 561-2997

Intake Form

Form Instructions:

- Complete this form in its entirety, sign and date the final page, and return the form in person, by email, or via fax to the Office of Equal Opportunity Programs (OEOP).
- Attach additional pages and/or any supporting documentation, as needed.
- **If you have any questions, please call (850) 599-3076.**

_____ Check if reporting on behalf of someone else.

Provide the name, telephone number and email of the person you are reporting on behalf of:

1. Complainant Information:

Name _____
Phone # _____ Email Address _____
Position Title _____ Department _____
Student Classification _____ Major _____
Employee/Student ID # _____
Campus Location: _____ Main/Tallahassee _____ Other _____

2. Respondent Information :

Name _____
Title _____
Classification _____
Campus Location: _____

3. Provide a statement that details your account of the incident(s). If applicable, include the protected characteristic alleged to be the basis of the discrimination or harassment. Consider including the following:

- Date, time, and location of the incident
- Specific actions or words involved
- Any previous related incidents or patterns

4. Please list any witnesses that have knowledge of the incident(s).

Name	Email Address	Phone Number

Signature

Date

Note: Upon review of this intake form, the OEOP will contact the individual to advise of next steps.

Return Form To:

Email: OEOP@famu.edu

Mailing Address:

Office of Equal Opportunity Programs
308 Foote-Hilyer Administration
1700 Lee Hall Drive
Tallahassee, FL 32307

Fax: (850) 561-2997