



OFFICE OF EQUITY, DIVERSITY, & INCLUSION

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INFORMATION INTAKE FORM

Name: _____ Date: _____ Person Number: _____

Telephone Number(s): Home: (____) _____ Mobile: (____) _____ Work: (____) _____

E-mail: _____ Preferred Method of Contact? _____

University Affiliation: [] State [] Research Foundation [] UBF [] Campus Dining & Shops [] Vendor [] Visitor
[] Undergraduate Student [] Graduate Student [] Applicant for employment [] Applicant for admission

Department/School: _____ Gender: ___ Male ___ Female

*Race/Ethnicity: (*The demographic information supplied to EDI is used to maintain statistical information regarding contacts with this office. Check as many that apply.)

- ___ White ___ Hispanic or Latino
___ Asian ___ American Indian or Alaskan Native
___ Black or African American ___ Native Hawaiian or Pacific Islander

Describe as specifically as possible the situation or treatment about which you are concerned. Please describe any specific incidents to the best of your recollection and include the approximate date (attach additional pages if necessary).

Multiple horizontal lines for text entry.

Are you concerned that this situation or treatment was the result of one or more of the following?

- ___ Age ___ Harassment ___ National Origin ___ Sexual Orientation
___ Disability ___ Hostile Environment ___ Race ___ Veteran Status
___ Ex-Offender ___ Marital Status ___ Religion ___ Sexual Harassment
___ Sexual Discrimination ___ Retaliation for raising concerns/complaints about discrimination
___ Other _____

Name(s) and relationship to the individual(s) who are the subject of your concern:

Name	Relationship

Were there any witnesses to the situation or treatment that you have described? Yes No

Name	Relationship	Contact Information

Have you spoken to anyone else about your concerns? Yes No

Name	Relationship	Date of Contact

What action or resolution are you seeking?

The University at Buffalo offers a Conflict Resolution Program as an alternative to filing a complaint. Participation in the program is voluntary. Are you interested in receiving more information about this program? Yes No

Acknowledgment:

I have been advised of the University's Discrimination and Harassment policy. I have also been advised of my right to file an external complaint with an outside enforcement agency such as the NYS Division of Human Rights, The Equal Employment Opportunity Commission (EEOC), the U. S. Department of Education's Office for Civil Rights (OCR), or Federal and State courts.

I affirm that the information provided is true and that it is to the best of my knowledge.

Signature: _____ Date: _____

CONFIDENTIALTY STATEMENT: The Office of Equity, Diversity & Inclusion will make every effort to maintain confidentiality except in situations where law, University policy, or the investigatory process requires the release of information.

RETALIATION AGAINST AN INDIVIDUAL WHO FILES A COMPLAINT AND/OR PARTICIPATES IN AN INVESTIGATION IS STRICTLY PROHIBITED.