



Office of Institutional Equity

Intake Form

Title

- Ms. Mr. Dr.

Name

UCF ID

Gender Identity (Optional)

Status

- UCF Staff UCF Faculty
 Visitor/Invitee Other
 UCF Graduate Student _____
 UCF Applicant _____
 UCF Undergraduate Student

College/Division

Department

Job Title

Phone (work or cell)

Contact Address

City

State

ZIP

Email

Accept Future Office of Institutional Equity Communication by Email?

- Yes
 No

Respondent: Individual or group who you believe has or may have engaged in discrimination, harrassmant, or retaliation.

Respondent Title

Ms. Mr. Dr.

Respondent Name

UCF ID

Gender Identity (Optional)

Status

UCF Staff UCF Faculty
 Visitor/Invitee UCF Undergraduate Student
 UCF Graduate Student Other _____

College/Division

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Please provide a brief description of the experience(s) that led you to contact the Office of Institutional Equity.

What would you like to discuss during your meeting with the Office of Institutional Equity?