



Office of Institutional Equity

Intake Form

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Title

Ms. Mr. Dr.

Name

UCF ID

Gender Identity (Optional)

Status

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

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, harassment, 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**Department****Job Title****Phone** (work or cell)**Contact Address****City****State****Zip****Email**

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?