



## **DISCRIMINATION GRIEVANCE INTAKE FORM**

If you are a faculty member, student, staff member, applicant for employment or admission to the University, or a member of the public, and you believe that you have been subjected to prohibited discrimination due to any University policy, practice, or procedure (which could include a failure to act), or by any University employee, you may file a complaint of discrimination with this office. Please complete this form. The individual(s) whom you identify as being responsible for the alleged discrimination is called the “respondent.” The completed form will be shared with the respondent in order to provide a fair opportunity to respond to the allegations. To the extent possible and as appropriate, the complaint will be kept confidential. More information about prohibited discrimination is available at [www.umt.edu/eo](http://www.umt.edu/eo) or by contacting this office.

**Name:**

**Date:**

**Your relationship to the University (please check all that apply):**

- Employee (indicate department and title)**
- Job applicant**
- Student**
- Admissions applicant**
- Member of the public**

**Name of respondent(s):**

**Detailed description of alleged discrimination (attach additional pages if necessary):**

**If alleged discrimination occurred on campus, please identify the locations where the alleged discrimination occurred and be specific.**

**Date of last alleged discriminatory incident:**

**What if any actions have you taken to resolve this matter informally?**

**How would you like this complaint to be resolved?**