

**OFFICE OF EQUAL OPPORTUNITY
UNIVERSITY OF NEW MEXICO
609 BUENA VISTA N.E.
ALBUQUERQUE, NEW MEXICO 87131-0042
(505) 277-5251**

INSTRUCTIONS FOR COMPLETING INTAKE FORMS

The Office of Equal Opportunity (OEO) is available to students, staff, and faculty of the University for assistance in dealing with civil rights claims (i.e., discrimination and sexual harassment).

By filling out our intake form, you are providing us with important information, which will be used to determine whether or not your issues have the necessary elements to establish a civil rights claim.

To establish a civil rights claim, the following must be described:

- Your protected group status (i.e., race, color, religion, national origin, physical or mental disability, age, sex, sexual orientation, gender identity, spousal affiliation, ancestry, pregnancy, or medical condition.)
- The incident/situation which you believe to be discriminatory.
- A comparison of the treatment you received, as the member of a protected group, to other individuals who are similarly situated, but who are not members of your protected group.

OEO is authorized to accept and investigate complaints for discrimination and sexual harassment. While the staff of OEO is able to explain the applicable procedure and the investigative process entailed with a formal complaint, we are not trained clinicians who can deal with the emotional and psychological effects that an individual may experience as a result of discriminating or sexually harassing behavior. Therefore, please call the following services that are available to assist you with any of these issues.

- | | |
|--|----------|
| 1. Counseling Assistance and Referral Service (staff & faculty) | 272-6868 |
| 2. Student Mental Health Service (student) | 277-4537 |
| 3. Rape Crisis Center (student, staff & faculty) 24-hour hotline | 266-7711 |

PLEASE BE ADVISED THAT:

- You should make a copy of Intake/paperwork **BEFORE** submitting documents to OEO.
- Formal complaints **MUST** be **FILED** within **90 DAYS** of the most **RECENT** act.
- Completing an intake form is **FOR REVIEW PURPOSES ONLY!**
- The Information contained on the form is **HELD CONFIDENTIAL** in this office.
- You will be **CONTACTED BY TELEPHONE** if this office accepts your claims for formal investigation.

INTAKE QUESTIONNAIRE

PART I. GENERAL INFORMATION

1. Full name: _____
Position Title (if you are a University employee) _____

2. Your work address:
Street or P.O. Box No. _____
City _____ State _____ Zip _____

Home address:
Street or P.O. Box No. _____
City _____ State _____ Zip _____
(We will automatically send all correspondence to your home unless you indicate otherwise.)

Telephone Numbers: Home _____ Work _____
Email: _____

3. Furnish the name(s) of the person(s) discriminating against you, their department name, address and telephone number:

Name (s): _____
UNM Department: _____
Address: _____
City: _____ State _____ Zip _____
Phone: () _____ Other _____
Names of harasser(s): _____

WHAT OTHER UNM OFFICES HAVE YOU BEEN IN CONTACT WITH:

- | | |
|--|---|
| <input type="checkbox"/> Internal Audit | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> CARS | <input type="checkbox"/> UNM Police Department |
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Union Representative |
| <input type="checkbox"/> Dispute Resolution | <input type="checkbox"/> University Counsel |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Management/Supervisor | <input type="checkbox"/> External Sources _____ |
| <input type="checkbox"/> Mediation Office | |

4. The civil rights violation which you experienced is based on:
[check appropriate reason (s)]

- Race
- Color; My color is: _____
- National Origin
- Religion; My religious affiliation (or faith) is: _____
- Sex/Gender
- Age; My age is _____
- Sexual Harassment
- Disability/Medical Condition
- Sexual Orientation
- Gender Identity
- Retaliation
- Pregnancy
- Ancestry
- Spousal Affiliation
- Veteran Status

5. Please provide the following information needed for statistical purposes:

Your race: _____

Your sex: _____

Your national origin (country where born): _____

Your date of birth: _____

How long have you worked/studied at UNM? _____

If you are an employee, how long have you been in your present position? _____

6. When did the civil rights violation(s) take place? **(PLEASE BE ADVISED THAT COMPLAINTS MUST BE FILED WITHIN 90 DAYS OF THE MOST RECENT ACT.)**

First time: (Date) _____

Last time: (Date) _____

Continuous? (Yes/No) _____

10. Do you have an attorney who is representing you at the present time? If so, please furnish his/her name, the name of the law firm, telephone number and complete address.

11. Have you filed a charge with the Equal Employment Opportunity Commission (EEOC), the Department of Education, Office of Civil Rights (OCR), New Mexico Human Rights Division, or any other government agency concerning allegations which you are raising in your charge of discrimination with this department?

() No () Yes, I filed with (agency) _____

On (date) _____

It is your responsibility to notify OEO **IN WRITING OF ANY CHANGE** in your address or telephone number. Notification should be provided to OEO **WITHIN ONE WEEK** from the effective date of any change.

For use by OEO (Office of Equal Opportunity):

Disposition of intake: **Formal** **Informal**

() **Internal Audit**

() **CARS**

() **Dean of Students**

() **Dispute Resolution**

() **Human Resources**

() **Management/Supervisor**

() **Mediation Office**

() **Risk Management**

() **UNM Police Department**

() **Union Representative**

() **University Counsel**

() **Other** _____

() **External Sources** _____