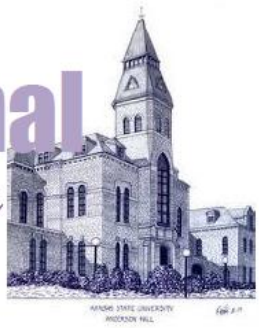
Kansas State University

Institutional Equity



KANSAS STATE UNIVERSITY
OFFICE OF INSTITUTIONAL EQUITY
DATA INTAKE FORM

Name: _____ _____ _____ _____
First *Middle* *Last*

Home Address: _____
Street or P.O. Box *City* *State* *Zip*

Phone: *Day* _____ *Evening* _____

E-Mail Address: _____

K-State Department: _____ **K-State eID:**_____

I am a: ☐KSU Student ☐KSU Staff ☐KSU Faculty ☐Other: _____

Have you been to this office previously? Yes / No **If 'yes', date of visit:** _____

Please briefly describe why you are visiting the Office of Institutional Equity:

_____

_____

_____

_____

_____

Continue to Next Page

_____
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_____
_____

Person Causing Harm #1:

Name: _____

Job Title: _____

Department: _____

Date(s) of Harm: Earliest: _____ Latest: _____ Continuing Harm: Yes / No

Person Causing Harm #2:

Name: _____

Job Title: _____

Department: _____

Date(s) of Harm: Earliest: _____ Latest: _____ Continuing Harm: Yes / No

_____

Data Intake Form
Name: _____

Basis of Harm: Select all that apply.

☐ Age: _____	☐ Medical Condition/FMLA	☐ Sexual Assault (incl. nonconsensual sex)
☐ Citizenship:_____	☐ National Origin:_____	☐ Stalking
☐ Color:_____	☐ Race/Ethnicity/Ancestry	☐ Sexual Orientation
☐ Disability	☐ Religion:_____	☐ Bullying
☐ Domestic/Romantic/ Dating Violence	☐ Retaliation	☐ Veteran Status /Military Status
☐ Gender:(Male/Female)	☐ Sexual Harassment / Sexual Misconduct	☐ Other:_____
☐ Gender Identity / Gender Expression		

Employment or Academic Harm: (optional)

☐ Discipline	☐ Failure to Renew/Reappoint	☐ Academic performance/grade
☐ Demotion	☐ Reduction in Force	☐ Participation in university-sponsored event or program
☐ Failure to Accommodate	☐ Sexual Harassment/Misconduct	☐ Housing Environment
☐ Failure to Hire	☐ Suspension	☐ Other_____
☐ Failure to Promote	☐ Termination	

Acknowledgment:

I certify that to the best of my knowledge the information that I have provided is accurate.

I understand that this data intake form, any correspondence, and all discussions pertaining to this complaint process are confidential to the extent permitted by law. I agree to abide by these guidelines.

Signature: _____ Date: _____

Please return this form to:
Office of Institutional Equity, 103 Edwards Hall, Kansas State University, Manhattan, KS 66506.
Phone: 785-532-6220; Fax: 785-532-4374; Email: equity@k-state.edu