This Incident Report Form is to be used by any individual who observes (i.e. witness) or who has had reported to them an incident that may be deemed discriminatory, harassing, or retaliatory based on a protected category.

This form should not be completed by a person wanting to report that he or she feels they are being discriminated or retaliated against. Please contact the DIEO Office directly at (813)974-4373 or send an email to Camille Blake at camille20@usf.edu. If you wish to have an investigation regarding your allegation, then please complete the EO Complaint Form which can be found on the DIEO Office’s website.

Your Name:_________________________________________ Your Phone Number:________________________

Your Department:____________________________________ Your Mail Point:______________________________

Your Position Title:__________________________________

Your USF Email Address:________________________________

Date You Completed This Document:________________________

TYPE OF COMPLAINT

0 Race 0 Disability 0 Pregnancy
0 Religion 0 Veteran's Status 0 Retaliation
0 National or Ethnic Origin 0 Sexual Orientation 0 Marital Status
0 Age 0 Color 0 Gender Identity and Expression

0 Other:______________________________________________

If you are reporting an allegation of gender discrimination, sexual harassment, non-consensual sexual contact (battery/rape), domestic/intimate partner violence, stalking, and/or bullying, please report using the Title IX Incident Report form found on the DIEO Website.

TYPE OF ACTION OR BEHAVIOR

0 Verbal Abuse or Harassment 0 Co-worker Issue
0 Reclassification 0 Promotion/Tenure
0 Classroom Environment 0 Termination
0 Physical Abuse or Harassment 0 Layoff
0 Working Conditions 0 Advisor/Professor Issue
0 Supervisor/Manager Issue 0 Hiring Issue

0 Other:______________________________________________
PERSON MAKING THE COMPLAINT TO YOU:

Is the person making the complaint to you the individual the discriminatory or retaliatory behavior was directed towards? Please circle: yes or no

Name:_________________________________________________________

Position Title:_____________________________________________________

Department:_______________________________________________________

Telephone Number:______________________________________________

USF Email Address:_______________________________________________

Status: 0 Student 0 Student Employee 0 Faculty 0 Staff

PERSON THE COMPLAINT WAS MADE AGAINST:

Name:_________________________________________________________

Position Title:_____________________________________________________

Department:_______________________________________________________

Telephone Number:______________________________________________

USF Email Address:_______________________________________________

Status: 0 Student 0 Student Employee 0 Faculty 0 Staff

DETAILED STATEMENT OF INCIDENT (Attach additional sheets, if necessary)

Helpful Guidance: Include the date, location, individuals involved (if known) and any other clearly factual information reported to you or observed by you.
STATEMENT OF ACTION TAKEN, IF ANY (Attach additional sheets, if necessary)

Helpful Guidance: 1) Include the date, time, and individuals that you may have contacted, alerted, or otherwise involved in the incident as you worked to address the incident; and 2) Note if any actions have been taken by the office or department, or anyone else to address the incident.

Signature of Person Reporting

Date

ROUTING INSTRUCTIONS

You may scan and email, hand deliver or interoffice mail this form to DIEO to the following individual:

Camille Blake, Director of EO and Compliance
ALN 172

camille20@usf.edu

Please feel free to contact Camille Blake at (813) 974-3906 or the DIEO Front Desk at (813) 974-4373 if you have any questions.

Diversity, Inclusion and Equal Opportunity Office Use Only:

Date Received: