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**EQUAL OPPORTUNITY AND COMPLIANCE OFFICE REPORTING FORM**

The Equal Opportunity and Compliance Office handles student, employee, and visitor reports of discrimination and harassment based on age, color, disability, genetic information, national origin, race, religion, sex (including gender, gender expression, or gender identity), sexual orientation, and veteran status. This includes reports of sexual misconduct, including sexual harassment and sexual violence. Our office also handles reports of relationship violence and stalking.

Once you submit this form, you may be contacted by someone from the Equal Opportunity and Compliance Office if additional information is needed. Regardless of the nature of your report, the University will ensure that your report is forwarded to the office with responsibility for investigating and addressing it, as appropriate, based on the information you have provided.

**IF THERE IS AN IMMEDIATE RISK TO LIFE, SAFETY, OR PROPERTY, PLEASE CALL 911 OR CAMPUS POLICE AT 919-962-8100.**

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| **CONTACT INFORMATION** | | | | Today’s Date: Click here to enter a date. | |
| Your Name: Click here to enter text. PID#: Click here to enter text. | | | | Staff Faculty Student  Other Click here to enter text. | |
| Your Phone and/or Email Contact Information: Click here to enter text. | | Preferred Method of Contact **(**Phone or Email): Click here to enter text. | | | |
| Your Home Address: Click here to enter text. | | | | | |
| Your Campus Address: Click here to enter text. | | | | | |
| Your Position/Title (for employees): Click here to enter text. | | Your Department Name/# (for employees):  Click here to enter text. | | | |
| **PERSONS INVOLVED**  Please use this section to list the names of the parties involved as well as any witnesses, etc. Enter as much information as possible. If you have included your name above, it is not necessary to add it to this section. | | | | | |
| Name or Organization | Role (e.g., Accused, Affected Individual, Witness, Other) | | Email/Phone # | | PID Number |
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| **REPORT DETAILS** | | | | | |
| |  |  |  | | --- | --- | --- | | Nature of this Report (check all that apply): | | | | Discrimination | Retaliation | Other Click here to enter text. | | Harassment | Sexual Misconduct (including Sexual Harassment and Sexual Violence) |  | | Relationship Violence | Stalking |  | | | | | | |
| Do you feel this happened because of (check all that apply):  Age Color Creed Disability Genetic Information National Origin Race Religion  Sex (including Gender, Gender Expression, or Gender Identity) Sexual Orientation Veteran Status Other | | | | | |
| **INCIDENT DETAILS** | | | | | |
| Date of Incident: Click here to enter a date. | | | Time of Incident: Click here to enter text. | | |
| Location of Incident: Click here to enter text. | | | Specific Location of Incident: Click here to enter text. | | |
| Have you notified anyone else or any other campus or non-campus unit about this incident? If yes, who did you notify?  Click here to enter text. | | | | | |
| Please provide as much detail as you are comfortable with concerning the incident. This narrative will be reviewed by the appropriate staff member at the Equal Opportunity and Compliance Office.  Click here to enter text. | | | | | |
| **STATEMENT OF NON-RETALIATION** | | | | | |
| The University’s [Policy on Prohibited Discrimination, Harassment and Related Misconduct, Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal Violence and Stalking](http://policies.unc.edu/files/2013/04/PPDHRM.pdf) prohibits retaliation against an individual who in good faith files a report and/or participates in any investigation related to an allegation of prohibited harassment or discrimination. | | | | | |
| |  |  | | --- | --- | | **Your Signature:** | **Date:** Click here to enter a date. | | | | | | |

**Please return this form to: Equal Opportunity and Compliance Office, 137 E. Franklin St., Suite 404, CB# 9160**

**Telephone: (919) 966-7545 Fax: (919) 445-1580 Email: eoc@unc.edu**