

## **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.

CONTACT INFORMATION			Today's Date:		
Your Name: PID#:			☐Staff ☐Faculty ☐Student ☐Other		
Your Phone and/or Email Contact Information:		Preferred Method of Contact (Phone or Email):			
Your Home Address:					
Your Campus Address:					
Your Position/Title (for employees):		Your Department Name/# (for employees):			
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	
REPORT DETAILS					
Nature of this Report (check all that apply):					
□ Discrimination	☐ Retaliation ☐ Other				
$\square$ 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 □ 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:	Time of Incident:			
Location of Incident:	Specific Location of Incident:			
Have you notified anyone else or any other campus or non-o	campus unit about this incident? If yes, who did you notify?			
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.  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 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:			

Please return this form to: Equal Opportunity and Compliance Office, 214 W. Cameron Ave., CB# 9160
Telephone: (919) 966-7545 Fax: (919) 445-1580 Email: eoc@unc.edu