



Valdosta State University  
Human Resources  
INTAKE QUESTIONNAIRE

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Job Title \_\_\_\_\_ Department \_\_\_\_\_

VSU ID # \_\_\_\_\_ E-mail Address \_\_\_\_\_

3. What action was taken against you, whom you believe, was discriminatory?

I was:

\_\_\_ not hired for the position of \_\_\_\_\_

\_\_\_ not promoted to the position of \_\_\_\_\_

\_\_\_ not transferred to the position of \_\_\_\_\_

\_\_\_ not paid as much as others in the position of \_\_\_\_\_

\_\_\_ fired from my position of \_\_\_\_\_

\_\_\_ harassed

\_\_\_ laid off from my position of \_\_\_\_\_

\_\_\_ not given the same training as others in the position of \_\_\_\_\_

\_\_\_ forced to use segregated facilities by/at \_\_\_\_\_

\_\_\_ other (explain) briefly \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. When did this happen? (date) \_\_\_\_\_

5. Do you believe you were discriminated against for one of the following reasons?

(Check all that apply)

\_\_\_ Race \_\_\_ Color \_\_\_ Sex \_\_\_ Religion \_\_\_ National Origin \_\_\_ Age \_\_\_ Disability

\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_

6. How were others treated differently than you were? (Explain briefly)

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7. What supervisor, manager, individual, or department discriminated against you?

Name \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

8. Are you (check one)

Now employed in the above department (hired on) \_\_\_\_\_ (date)

Seeking employment with the above department (applied on) \_\_\_\_\_ (date)

A former employee of the above department (fired or quit on) \_\_\_\_\_ (date)

A student

9. If we need further information is it possible to contact you by telephone? (Please list as many numbers as possible. Include numbers where we can leave a message to have you call us.)

\_\_\_\_\_ (numbers)

\_\_\_\_\_ (hours you are normally there)

\_\_\_\_\_ (days you are normally there)

10. Please feel free to attach any additional information, such as letters you have received, the names of persons who may be able to testify on your behalf, or a statement of the events which have occurred.

\_\_\_\_\_  
(Signature) complainant (Date)

\_\_\_\_\_  
(Signature) witness (Date)



