

**Nevada Faculty Alliance  
Intake Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Basis of complaint**

**Race/Color**

**National Origin**

**Age (over 40)**

**Disability**

**Sex**

**Gender**

**Sexual Orientation**

**Religion**

**Retaliation**

1. for filing a complaint;
2. for opposing a discriminatory practice;
3. for participating as a witness in an anti-discrimination proceeding;
4. for acting as a whistleblower

**Factual basis for the complaint**

**Please explain what the respondent did. List each action that you believe was discriminatory. For example: I was terminated; not promoted; denied tenure; denied a raise; disciplined more harshly than others; retaliated against. Be specific as to who, what, when and where and dates. Use chronological order. Provide documentation if available.**

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

**Comparables**

**If applicable, provide the names and job titles of persons who you believe were treated more favorably than you because you belong to the category checked above. Include the category to which they belong.**

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**Parties involved in the incident of discrimination**

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**Date of the most recent discriminatory act**

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**Harassment (sexual or racial)**

**If your complaint involves sexual or racial harassment, please state whether or not you reported it to the university or college administration, who in the administration you reported to and what was the response. Please provide copies of the report and the response.**

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**Reasons given by respondent for the actions taken against you**

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**Please provide the names and contact information of witnesses or who might have first-hand knowledge of what happened to you or who may have seen or experienced similar treatment. Provide copies of their statements if available.**

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**Have you filed a complaint with the College or University Administration? \_\_\_\_\_**

**Have you filed a petition for reconsideration? \_\_\_\_\_**

**Have you filed a complaint with a state or federal agency? \_\_\_\_\_**

**What remedy are you seeking?**

- Tenure**
- Promotion**
- Raise**
- Reinstatement**
- Back Pay**