DSU Ombuds Office Intake Form

1. Date: ________________

2. Point of First Contact: [ ] Email  [ ] Phone  [ ] Walk-in

3. Gender:  [ ] Male  [ ] Female

4. Ethnicity:
   [ ] African-American/Black  [ ] White/ Caucasian
   [ ] Asian  [ ] Other ________________
   [ ] Hispanic  [ ] Native American

5. Age: ________

6. Status:
   [ ] Faculty  [ ] Staff  [ ] Student

7. Time on Campus:
   [ ] Part-time  [ ] Full-Time

8. Reporting Category (see IOA Uniform Reporting Category Form. Please insert subcategory)
   [ ] 2. Evaluative Relationships _____  [ ] 7. Service/ Administrative Issues _____
   [ ] 3. Peer and Colleague Relationship _____  [ ] 8. Organizational, Strategic, Mission _____
   [ ] 5. Legal, Regulatory, Financial, and Compliance _____

9. Services Provided
   [ ] Intake/Consult  [ ] Training/Workshop  [ ] Group Mediation
   [ ] Referral  [ ] Coaching  [ ] Group Facilitation
   [ ] Contact Others  [ ] 1:1 Mediation  [ ] Other ____________________

10. Risk Areas
    [ ] Employee Quit  [ ] Police Intervention
    [ ] Student Quit  [ ] Safety Issue
    [ ] Lawsuit  [ ] Potential for Internal/External Grievance
    [ ] Negative Publicity  [ ] Significant Violation of Policy
    [ ] Decreased department productivity due to interpersonal issues

Notes: ________________________________________________________________________________
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