

**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)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Compensation and Benefits _____                    | <input type="checkbox"/> 6. Safety, Health, Physical Environment _____ |
| <input type="checkbox"/> 2. Evaluative Relationships _____                     | <input type="checkbox"/> 7. Service/ Administrative Issues _____       |
| <input type="checkbox"/> 3. Peer and Colleague Relationship _____              | <input type="checkbox"/> 8. Organizational, Strategic, Mission _____   |
| <input type="checkbox"/> 4. Career Progression and Development _____           | <input type="checkbox"/> 9. Values, Ethics, Standards _____            |
| <input type="checkbox"/> 5. Legal, Regulatory, Financial, and Compliance _____ |  |

9. Services Provided

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Intake/Consult | <input type="checkbox"/> Training/Workshop | <input type="checkbox"/> Group Mediation    |
| <input type="checkbox"/> Referral       | <input type="checkbox"/> Coaching          | <input type="checkbox"/> Group Facilitation |
| <input type="checkbox"/> Contact Others | <input type="checkbox"/> 1:1 Mediation     | <input type="checkbox"/> Other _____        |

10. Risk Areas

- |  |  |
|--|--|
| <input type="checkbox"/> Employee Quit   | <input type="checkbox"/> Police Intervention                       |
| <input type="checkbox"/> Student Quit  | <input type="checkbox"/> Safety Issue                              |
| <input type="checkbox"/> Lawsuit   | <input type="checkbox"/> Potential for Internal/External Grievance |
| <input type="checkbox"/> Negative Publicity  | <input type="checkbox"/> Significant Violation of Policy           |
| <input type="checkbox"/> Decreased department productivity due to interpersonal issues |  |

Notes: \_\_\_\_\_

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