



JBLE EQUAL OPPORTUNITY OFFICE INITIAL CONTACT FORM

CLIENT INFORMATION AND CONSENT

DATE: ASSISTANCE TYPE:

REQUESTOR INFORMATION

Name: (Last, First, MI) Rank/Grade: UID/DoD ID:

Service: Unit: Unit Commander:

Work Number: Cell Number: Work Email:

Personal Email: Preferred Contact Method:

Sex: Male Female Race: National Origin:

ADDITIONAL INFO NEEDED ONLY FOR CIVILIAN COMPLAINTS ↓

Mailing Address: SSN (Army Civilians Only)

Next level Commander above unit:

GENERAL NATURE OF CONCERNS:

CONCERN DETAILS:

Date of most recent incident: Location of incident:

Responsible Person(s) for treatment: (Last, First, MI)

Email: Position held during incident:

Witnesses: Yes No *← If yes, provide full name(s), phone number(s) & email(s) below*

BASIS OF CONCERNS: (SELECT ALL THAT APPLY)

MILITARY CUSTOMERS:

Race: Color: National Origin:
Sex: Sexual Orientation:
Sexual Harassment: Religion:
Hazing: Bullying: Retaliation:
Other (please specify behavior type):

CIVILIAN CUSTOMERS:

Race: Color: National Origin:
Sex: Sexual Orientation:
Sexual Harassment: Religion:
Age: If Age, DoB:
Disability: Genetic Information:
Retaliation: *(Tied to EEO activity - aggrieved, complainant, witness, or rep.)*
Other (please specify behavior type):

REQUESTED REMEDY/OUTCOME: