

OIE | Diversity, Equity, and Inclusion Intake Form

Date: _____

Name: _____

Name of Unit or Department: _____

Affiliation: Duke University Health System Duke University

Size of Organization:

10-20 40-80 100-200 500+

Anticipated Number of Attendees for Session(s): _____

Scope of Plan:

One Time Short Term Initiative Long Term Strategy

Session/Strategy Launch Time Frame: _____

Select Applicable Category(ies) of Inquiry/ Research:

Diversity Equity Belonging Inclusion Intersectionality
Coaching Other: _____

Select Target Audience(s):

Faculty Staff Students
Volunteers Part-Time External Community

Select Professional Management Level:

Entry Midlevel Senior Executive

Please describe the nature and scope of your request:

Once complete, please save this document as a digital file and email to Paul James (p.james@duke.edu).