The Office for Diversity, Equity and Inclusive Engagement provides a number of diversity awareness workshops and consultation services for students, faculty and staff. In some cases, we develop a program specific to goals, participants, and timeframe in order to accommodate the different classes, departments, offices and student groups that request training. Some sessions may be conducted jointly with other offices on campus.

For more information about the Office for Diversity, Equity and Inclusive Engagement and the services we offer, please contact us at 216.368.8877 or oideo@case.edu. If you are interested in diversity awareness workshops and consultation services, please complete this Consultation Request Form and send as an e-mail attachment to the address listed above.

### Possible Areas/Topics of Interest

Check which type(s) of training and/or consultation you wish to receive:

- [ ] Communication (e.g. micromessaging, interpersonal, power differential)
- [ ] Microaggressions
- [ ] Disability Awareness
- [ ] Diversity 360
- [ ] Gender identity sexual orientation
- [ ] Consensual relationships
- [ ] Racial identity
- [ ] Diversity 360
- [ ] Other (please specify)
- [ ] Unconscious Bias / Implicit Bias

### Contact Information

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Campus Address

Do you have a diversity plan? ______ Yes ______ No

**Audience Demographics**

Check all that apply:

- [ ] Exempt staff
- [ ] Nonexempt staff
- [ ] Undergraduate students
- [ ] Graduate/professional students

School/College-wide

Department/Division

Management Center

Faculty

Total number of anticipated participants: ______

**Workshop Date, Time, and Location**

Please list up to three potential workshop dates and times, in order of preference. Please note that workshops for faculty, staff and/or graduate students take approximately two hours, while workshops for undergraduate students take approximately one hour.

1. Date: ____________________  Time: ____________________
   2. Date: ____________________  Time: ____________________
   3. Date: ____________________  Time: ____________________

Location for session (to be secured by requestor): __________________________________________

**Office Use Only**

Date received: ________________

Routed to: ________________

Date of Follow-up: ________________