

## COMPLAINT FORM FOR DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINTS

**Instructions:** This complaint form is for use by individuals who are eligible to file a complaint of Discrimination, Harassment or Retaliation under Executive Order 1096. **Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary.**

CSU Campus	<input type="text"/>	Department	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
		MI	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
E-mail	<input type="text"/>	Home Phone	<input type="text"/>
		Work Phone	<input type="text"/>
		Mobile Phone	<input type="text"/>
		Best time to call:	<input type="text"/> AM/PM <input type="text"/>

What is your relationship with the California State University campus listed above?

Current Employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Former Employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last Date of Employment	<input type="text"/>
An applicant for employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A Third Party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify your relationship with the University: <input type="text"/>	

Was Informal Resolution sought?  Yes  No If yes, with whom:  Date

Indicate the type(s) of complaint being filed:  Discrimination  Harassment  Retaliation

If you are filing a Discrimination or Harassment complaint, indicate the Protected Status(es) that was/were the basis(es) of the alleged Discrimination or Harassment (Please select all that apply):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Race/Color               | <input type="checkbox"/> Religion                   | <input type="checkbox"/> Sexual Orientation      | <input type="checkbox"/> Medical Condition   |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Gender / Sex               | <input type="checkbox"/> Disability              | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Marital Status           | <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Age                 |

If you are filing a Retaliation complaint, indicate the activity(ies) you engaged in that was/were the basis(es) for the alleged Retaliation.

**COMPLAINT FORM FOR  
DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINTS**

Executive Order 1096  
Attachment No. 1

1. Identify the respondent (person being accused) against whom your complaint is made. For each respondent, provide the identifying information requested below:

Respondent's name:	Relationship/Association with the campus:	Relationship/Association to you:

2. Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint.

3. If you are filing a Sexual Harassment or Sexual Violence complaint, including Domestic Violence, Dating Violence, or Stalking, please describe the conduct, including date(s), time(s), and location(s). Attach additional pages to this form, if necessary.

4. Describe the specific harm you have suffered resulting from the incident(s).

5. What did you or others do to try to resolve the issue? What was the outcome?

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6. Identify individuals who may have observed or witnessed the incident(s) that you described.

Last Name  First Name  MI  Telephone   
Position/  
Job Title  Mobile Phone   
E-mail

Last Name  First Name  MI  Telephone   
Position/  
Job Title  Mobile Phone   
E-mail

7. Do you have any documents that support your complaint?  Yes  No (Please list and attach a copy.)

8. Describe the outcome(s) you expect from filing your complaint. Be as specific as possible.

Complainants may elect to have an Advisor present at meeting(s) and/or interview(s). If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meeting(s) and/or interview(s) regarding this complaint. The role of the Advisor is limited to observing and consulting with you.

9. If you have selected an Advisor, please provide the name and telephone number of your Advisor.

Last Name  First Name  MI  Telephone   
Mobile Phone

#### AUTHORIZATION

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

Print Name of complainant \_\_\_\_\_

Signature of complainant \_\_\_\_\_

Date

**For University Use Only:** Date Complaint Received \_\_\_\_\_ Signature \_\_\_\_\_