

COMPLAINT FORM

Instructions: This complaint form is for use by individuals who are eligible to file a complaint of Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence or Stalking 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"/>	Work Phone	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
		MI	<input type="text"/>
Mailing Address	<input type="text"/>		
		Cell Phone	<input type="text"/>
		Home Phone	<input type="text"/>
City	<input type="text"/>	Best time to call:	<input type="text"/> AM/PM <input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
		E-mail	<input type="text"/>

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

Current Employee? Yes No Former Employee? Yes No Last date of employment

An Applicant for employment? Yes No A Third Party? Yes No

Please specify your relationship with the University:

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

Indicate the type(s) of complaint being filed:

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Domestic Violence
		<input type="checkbox"/> Stalking

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.

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1. Identify the Respondent(s) 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

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

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	Telephone	<input type="text"/>
Position/ Job Title	<input type="text"/>					Cell Phone	<input type="text"/>
E-mail	<input type="text"/>						
Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	Telephone	<input type="text"/>
Position/ Job Title	<input type="text"/>					Cell Phone	<input type="text"/>
E-mail	<input type="text"/>						

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6. Do you have any documents or electronic communications (including text messages or email) that support your complaint?

Yes No (Please list and attach a copy.)

7. Do you have any physical evidence (such as photographs, videos, blood tests or rape kits) that support your complaint? (Please describe.)

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

You may elect to have an Advisor present at meeting(s) and/or interview(s) which may be a Sexual Assault Victim's Advocate. 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 will be accompanied by an Advisor, please provide the name and telephone number.

Last Name First Name MI Telephone
Cell Phone

CERTIFICATION

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 _____