

**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  Work Phone

Last Name  First Name  MI  Cell Phone

Mailing Address  Home Phone

City  Best time to call:  AM/PM

State  Zip Code  E-mail

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:  Discrimination  Harassment  Retaliation

Sexual Misconduct  Dating Violence  Domestic Violence  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):

Race/Color  Religion  Sexual Orientation  Medical Condition

National Origin/Ancestry  Gender / Sex  Disability  Genetic Information

Marital Status  Gender Identity/Expression  Military/Veteran Status  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

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 style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

2. Describe the incident(s) or events(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 style="width: 95%; height: 25px;" type="text"/>	First Name	<input style="width: 95%; height: 25px;" type="text"/>	MI	<input style="width: 20px; height: 25px;" type="text"/>	Telephone	<input style="width: 95%; height: 25px;" type="text"/>	
Position/ Job Title	<input style="width: 95%; height: 35px;" type="text"/>					Cell Phone	<input style="width: 95%; height: 25px;" type="text"/>	
E-mail	<input style="width: 95%; height: 25px;" type="text"/>							
Last Name	<input style="width: 95%; height: 25px;" type="text"/>	First Name	<input style="width: 95%; height: 25px;" type="text"/>	MI	<input style="width: 20px; height: 25px;" type="text"/>	Telephone	<input style="width: 95%; height: 25px;" type="text"/>	
Position/ Job Title	<input style="width: 95%; height: 35px;" type="text"/>					Cell Phone	<input style="width: 95%; height: 25px;" type="text"/>	
E-mail	<input style="width: 95%; height: 25px;" 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 \_\_\_\_\_