

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

Executive Order 1097 provides students a systemwide *procedure* to file complaints alleging violations of the California State University (CSU) systemwide *policy* prohibiting discrimination, harassment and retaliation against students by the CSU, Employees, Other Students, or Third Parties. **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"/>		
City	<input type="text"/>	Home Phone	<input type="text"/>
State	<input type="text"/>	Best time to call:	<input type="text"/> AM/PM <input type="text"/>
Zip Code	<input type="text"/>	E-mail	<input type="text"/>

Currently a CSU Student? Yes No Last CSU Registration Date

Currently a CSU Applicant? Yes No Last CSU Application Date

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"/> Disability	<input type="checkbox"/> Gender / Sex	<input type="checkbox"/> Nationality	<input type="checkbox"/> Race or Ethnicity	<input type="checkbox"/> Religion
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Age	<input type="checkbox"/> Military/Veteran Status	

Date of Incident	<input type="text"/>	Approximate Time of Incident	<input type="text"/> AM/PM <input type="text"/>
Location of Incident	<input type="text"/>		
Date of Incident	<input type="text"/>	Approximate Time of Incident	<input type="text"/> AM/PM <input type="text"/>
Location of Incident	<input type="text"/>		

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Attachment No. 1

1. Identify the accused(s) against whom your allegations are made. For each accused(s) provide the identifying information requested below. Attach additional pages to this form if necessary.

Accused(s) name:	Relationship/Association with the campus:	Relationship/Association to you:

2. Describe the incident(s) or events(s), date(s), time(s), and location(s) giving rise to your complaint. Attach additional pages to this form, if necessary.

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). Attach additional pages to this form, if necessary.

5. What did you or others do to try to resolve the complaint? 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	<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"/>						

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

8. Describe how you would expect the complaint to be resolved. Be as specific as possible.

You may elect to have an advisor present at meetings/interview(s). If you indicate you will have an advisor, you are authorizing that individual to accompany you to any meetings 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, provide the name, address, and telephone number of your advisor.

Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>	Telephone	<input type="text"/>
						Cell Phone	<input type="text"/>

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 Student _____

Signature of Student _____

Date