



Office for Equity and Diversity  
**ADA COMPLAINT FORM**

To the Complainant: California State University, Los Angeles does not permit discrimination on the basis of disability in its hiring and employment practices. Also, the University does not permit harassment based on a protected disability and does not permit discrimination or harassment based on an applicant's or employee's relationship with or association with anyone with a known protected disability.

Upon request, the University will consider reasonable accommodation when needed to facilitate the participation of persons with ADA-protected disabilities. Reasonable accommodations will be considered to permit individuals with protected disabilities to (a) complete the employment process, (b) perform essential job functions, (c) participate in instruction, programs, services or activities, and (d) enjoy other benefits and privileges of similarly-situated individuals without disabilities.

If you feel you have experienced discrimination or harassment due to your protected disability in connection with your association with the University, please make your concerns known. You may either use this form or contact the Office for Equity and Diversity at (323) 343-3040 (TDD: (323) 343-3270).

For more information on the prohibition of discrimination and harassment see our nondiscrimination policy and policy on the University's compliance with the Americans with Disabilities Act. They are in our Faculty Handbook, University Catalog, and Class Schedule and are posted on bulletin boards throughout the University, or call the Office for Equity and Diversity.

Your concerns will be treated confidentially to the extent the law permits, considered carefully, and investigated promptly, thoroughly, and objectively. If corrective action is appropriate, it will be taken. No action will be taken against you for filing a complaint, so long as you believe the complaint to be valid.

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Date \_\_\_\_\_

Name \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

**Employees**

Job Title \_\_\_\_\_ Location \_\_\_\_\_

Department \_\_\_\_\_ Ext. \_\_\_\_\_

1. **Documentation of Protected Status** Please give your permission to contact your treating health care provider to verify your protected disability<sup>1</sup> (or if this complaint is based on discrimination due to your relationship or association with a person with a protected disability, please have that person give us permission to contact his/her treating health care provider).

**Permission to Contact Personal Health Care Provider**

I am an applicant  employee  of California State University, Los Angeles. I hereby give my permission for representatives of CSULA to contact my health care provider for information about my functional abilities, my functional limitations, and any requirements for reasonable accommodation.

My health care provider is:

Physician \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

I understand this information will be treated confidentially and released only to:

- a. supervisors and managers who need to be informed about necessary restrictions on my work and necessary accommodations,
- b. first aid and safety personnel, if my disability might require emergency treatment or if any specific procedures are needed in a fire or other evacuation,
- c. insurance companies which require a medical examination to provide me with health or life insurance,
- d. government officials investigating compliance with the ADA and other Federal and State laws prohibiting discrimination on the basis of disability, and
- e. State Workers' Compensation offices or "second injury" funds, to comply with State Workers' Compensation laws.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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<sup>1</sup> As defined in the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA).

2. **Your Complaint**

What is your complaint? Describe what happened or did not happen that you feel constitutes discrimination or harassment based on disability? (Be as specific as possible, include all incidents involving harassment. Add extra pages if necessary.)

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- a. When did these incidents occur? (Give dates and times) \_\_\_\_\_
- b. Where did these incidents occur? \_\_\_\_\_
- c. List any witnesses to the incidents (*Note: This is not a requirement for a complaint to be valid, but it could help substantiate your complaint.*)

Name

Work Telephone Number

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- d. With whom have you discussed the incidents? (List anyone with whom you have discussed it with, both individuals inside and outside the University. Include any supervisors, managers, faculty, University staff, fellow employees and students, as well as anyone outside the University with whom you have discussed it.) (*Note: This is not a requirement for a complaint to be valid, but it could help substantiate your complaint.*)

Name

Work Telephone Number

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- e. What evidence (if any) do you have of the discrimination/harassment? (*Note: **Evidence is not required.** However, it could be helpful to verify that discrimination/harassment occurred. Consider letters, memos, photos, audio tapes, video tapes, and records which may include time cards, building entrance and exit records, etc.*)

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3. **Reasonable Accommodation**

If your complaint concerns reasonable accommodation, please complete these additional questions:

- a. When did you request reasonable accommodation? (If on more than one occasion, list the dates of each request.)

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- b. For what reason(s) did you request reasonable accommodation?

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- c. How did you go about requesting reasonable accommodation? (The University requires accommodation requests to be made on its Request for Reasonable Accommodation form and submitted to the University's ADA Coordinator.)

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- d. What specific reasonable accommodation was requested?

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4. **Harassment**

If your complaint is about harassment, please complete these additional questions:

- a. Did the harassment occur as a result of or in connection with your association with the University (even though it may or may not have happened on campus)? Yes  No  (If not, we will not be able to act on it.)

- b. Who was the harasser(s)?

Name

Relationship to You<sup>2</sup>

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<sup>2</sup> Supervisor, manager, co-worker, instructor, student, member of the public, or other.

c. Please explain why this conduct was offensive to you, and/or what effect it had on you.

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d. Did you do or say anything to let the alleged harasser(s) know of your objections to this conduct?

Yes  No  (Note: This is not a requirement for a complaint to be valid, but it could help substantiate your complaint.) If so, please explain.

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5. What other facts may be helpful to us in investigating your complaint?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: You will be contacted by the investigator, administrator, President’s designee, or consultant within approximately 24 hours after your complaint to establish a time to meet and discuss the complaint. Please bring any additional information or evidence to that meeting.

**At any time during the investigation, if you have additional thoughts or facts that should be considered by the investigator, contact the investigator immediately at (323) 343-3040 (TDD: (323) 343-3270).**



I, \_\_\_\_\_, hereby authorize the release of my applicant/employment records to the Office for Equity and Diversity as part of the investigative process for my complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_