



Office for Equity and Diversity
COMPLAINT FORM

To the Complainant: California State University, Los Angeles does not permit discrimination, retaliation or harassment on the basis of race, color, religion, national origin, sex, marital status, age, disability, gender, pregnancy, disabled veteran's or Vietnam era veteran's status. Where discrimination, retaliation or harassment is found, immediate and appropriate disciplinary action will be taken. If you feel you have been the victim of discrimination, harassment, retaliation or sexual harassment in connection with your association with the University, please make your concerns known. You may either use this form or call the Equity and Diversity Specialist at (323) 343-3040 (TDD: (323) 343-3270).

For more information on what is considered discrimination or sexual harassment, see our nondiscrimination policy and policy on the Prohibition of Sexual Harassment. They are in the Faculty Handbook, University Catalog, Class Schedule, Eagle Guide and are posted on bulletin boards throughout the University.

Your concerns will be treated confidentially to the extent the law permits, considered carefully, and investigated promptly. If corrective action is required, 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.

Date _____

Name _____ Ext. _____

Home Telephone No. _____

Home Address _____

Job Title _____ Location _____

Department _____

RE: COMPLAINT

1. Did the discrimination, harassment, retaliation or sexual harassment occur as a result of or in connection with your association with the University (even though it did not happen in the workplace)? Yes No (If not, we will not be able to act on it.)
2. Who discriminated, harassed or retaliated against you?

<u>Name</u>	<u>Relationship to You</u> ¹
_____	_____
_____	_____

¹Supervisor, manager, co-worker, faculty member, student, customer, supplier, potential customer, sales representative or other vendor, or other.

3. What happened or did not happen? (Include all incidents involving discrimination/harassment. Provide as much detail as possible, including dates, locations, times and person(s) involved in each incident. Add extra pages if necessary.)

4. Please explain why this conduct was offensive to you.

5. On what impermissible type of discrimination or harassment is this complaint based?

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> race | <input type="checkbox"/> sex | <input type="checkbox"/> color | <input type="checkbox"/> religion |
| <input type="checkbox"/> marital status | <input type="checkbox"/> age | <input type="checkbox"/> disability | <input type="checkbox"/> veteran's status |
| <input type="checkbox"/> national origin | <input type="checkbox"/> retaliation | <input type="checkbox"/> sexual harassment | |

6. Please explain why you think this was discrimination, harassment, retaliation or sexual harassment?

7. When did it happen? (Give dates and times)

8. Where did it happen?

9. Were there any witnesses? Yes No If yes, please list below

Name

Telephone Number

10. What evidence (if any) do you have of the discrimination, retaliation or 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.)

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

Signature _____ Date _____

Note: You will be contacted by the investigator, campus 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. The investigation will be conducted in an objective and confidential manner. No action will be taken against you for having submitted a complaint, no matter what the investigation reveals (so long as you believed the complaint to be valid).

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



CONSENT FOR RELEASE OF RECORDS

I, _____, SSN _____ hereby authorize the release of student records to the Office for Equity and Diversity as part of the investigative process for my complaint.

Signature Date