

STUDENT COMPLAINT FORM FOR DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINTS

Executive Order 1074 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. Students who file a complaint are required to cooperate with the investigation/review, including but not limited to, attending meetings, being forthright and honest during the process and keeping confidential the existence and details of the investigation/review.

Instructions: Please fill in all of the information requested below as completely as possible.

CSU Campus	<input style="width: 90%;" type="text"/>	Work Phone	<input style="width: 90%;" type="text"/>
Last Name	<input style="width: 90%;" type="text"/>	First Name	<input style="width: 90%;" type="text"/>
		MI	<input style="width: 30%;" type="text"/>
Mailing Address	<input style="width: 95%;" type="text"/>		
		Home Phone	<input style="width: 90%;" type="text"/>
City	<input style="width: 90%;" type="text"/>	Best time to call:	<input style="width: 30%;" type="text"/> AM/PM <input style="width: 30%;" type="text"/>
State	<input style="width: 30%;" type="text"/>	Zip Code	<input style="width: 30%;" type="text"/>
		Email	<input style="width: 90%;" type="text"/>

Currently a CSU Student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last CSU Registration Date	<input style="width: 90%;" type="text"/>
Currently a CSU Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Last CSU Application Date	<input style="width: 90%;" type="text"/>

Was Informal Resolution sought?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, with whom:	<input style="width: 90%;" type="text"/>	Date	<input style="width: 90%;" type="text"/>
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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 | <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"/> Veteran Status | |

Date of Incident	<input style="width: 90%;" type="text"/>	Approximate Time of Incident	<input style="width: 30%;" type="text"/> AM/PM	<input style="width: 30%;" type="text"/>
Location of Incident	<input style="width: 95%;" type="text"/>			
Date of Incident	<input style="width: 90%;" type="text"/>	Approximate Time of Incident	<input style="width: 30%;" type="text"/> AM/PM	<input style="width: 30%;" type="text"/>
Location of Incident	<input style="width: 95%;" type="text"/>			

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Executive Order 1074
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.

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3. If you are filing a harassment complaint, please explain why this conduct was offensive to you?

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4. Describe the specific harm you have suffered resulting from the incident(s). Attach additional pages to this form if necessary.

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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"/>
Email	<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"/>
Email	<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