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 1097. 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

Mailing Address __________________________

City __________________________

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.

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<th>Respondent's name:</th>
<th>Relationship/Association with the campus:</th>
<th>Relationship/Association to you:</th>
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2. Describe the incident(s) or event(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.

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E-mail: 

E-mail: 

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COMPLAINT FORM

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 __________________________

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