



Discrimination Complaint Form

Assistance in completing this form may be obtained from the Office of Employee Relations and Compliance Services. You are urged to meet with Joyce Suzuki, Managing Director of Employee Relations and Compliance, prior to completing this form. When completed, please deliver to Employee Relations and Compliance Services, Salazar Hall, Room 2078, 664-4470.

Name: _____ Work Phone: _____ Home Phone: _____

Home Address: _____

Status (check all that apply)

- Academic Student Employee (Unit 11 employees)
- Faculty
- Staff/Administrator
- All Other Students/Student Employees
- Applicant
- Independent Contractor

Collective Bargaining Unit _____

BASIS OF COMPLAINT

- Race/Color
- National Origin
- Disability
- Veteran's Status
- Age
- Sexual Orientation
- Religion/Creed
- Marital Status/Pregnancy
- Sex, Sexual Harassment/Assault
- Retaliation for filing complaint or participating in a complaint investigation

COMPLAINT AGAINST

1. Name(s): _____
2. Department or Administrative Unit: _____
3. Date of most recent action that you allege to be discriminatory: _____

THE COMPLAINT

Please attach to this form a detailed description of the alleged discriminatory act(s) and explain why you believe the act(s) was/were discriminatory. Include the date, time and location of each alleged act along with the name, phone number(s) and status (i.e. staff, faculty, or student) of each person involved, including all witnesses.

Also explain how the alleged discriminatory act(s) has/have impacted your status as a student, staff member, faculty member or administrator. List any steps you have taken to resolve this complaint and please describe any proposed remedies or actions, by the University, that you feel are appropriate to address the situation.

If this complaint contains information regarding actions that are covered under criminal code (e.g., sexual assault, battery), I consent to having the information gathered be used for criminal action by the appropriate law enforcement agency:

- Yes
- No

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. By signing this form I give my consent for any information gathered to be provided to appropriate University officials and/or law enforcement agencies as indicated above.

Signature: _____ Date: _____