**Executive Order 1096  
Attachment A**

**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 1096. **Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary.**

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|  | Choose an item. | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | CSU Campus | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  | MI |  |
|  | Last Name | | | | | | | | | | | |  | First Name | | | | | | | | | |  | MI |  |
|  | Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | | | | | | | | |  | Click to enter text. | | | | | | | |  |
|  | Work Phone | | | | |  | Home Phone | | | | | | | | | |  | Cell Phone | | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  |
|  | Address | | | | | | | | | | | | | |  | City | | | | | | | | | |  |
|  | Choose item. |  | Enter text. | | | | |  | Click or tap here to enter text. | | | | | | | | | | | | | | | | |  |
|  | State |  | ZIP/Postal Code | | | | |  | E-mail | | | | | | | | | | | | | | | | |  |
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| Current Employee? | | | | |  | | |  | | | | | Former Employee? | | | | | | | | |  |  | | | |
| Last Date of Employment: | | | | | Enter a date. | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| An Applicant for Employment? | | | | |  | | |  | | | | | A Third Party? | | | | | | | | |  |  | | | |
| Please specify your relationship with the University: | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | |  |
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| Was Early Resolution sought? | | | | |  | | |  | | | | |  | | | | | | | |  | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |  | Enter date | | | | |  |
|  | If yes, with whom | | | | | | | | | | | | | | | | | | |  | Date | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate the type(s) of complaint being filed: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Discrimination | | | Harassment | | | | | | | | Retaliation | | | | | | | Sexual Misconduct | | | | | | | |
|  | Dating Violence | | | Domestic Violence | | | | | | | | Stalking | | | | | | |  | | | | | | | |

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| 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 | | | | | | |
| Gender Identity/Expression | | | | | | | | | Marital Status | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |  | |
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| 1. | | | | Identify the Respondent(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below. Attach additional pages to this form if necessary. | | | | | | | | | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | |  | Click or tap here to enter text. | | | | | |  | Enter text. | | | | | | |  |
|  | Respondent's name | | | | | | | | |  | Relationship/Association w/campus | | | | | |  | Relationship/Association to you | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | |  | Click or tap here to enter text. | | | | | |  | Enter text. | | | | | | |  |
|  | Respondent's name | | | | | | | | |  | Relationship/Association w/campus | | | | | |  | Relationship/Association to you | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | |  | Click or tap here to enter text. | | | | | |  | Enter text. | | | | | | |  |
|  | Respondent's name | | | | | | | | |  | Relationship/Association w/campus | | | | | |  | Relationship/Association to you | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 3. | | | Describe the specific harm you have suffered resulting from the incident(s). | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 4. | | | What did you or others do to try to resolve the issue? What was the outcome? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 5. | | | | Identify individuals who may have observed or witnessed the incident(s) that you described. | | | | | | | | | | | | | | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | |  | MI |  | |
|  | | Last Name | | | | | | | | | | |  | | First Name | | | | | | |  | MI |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Position/Job Title | | | | | | | | | | |  | | E-mail | | | | | | | | |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Telephone | | | | | | | | | | |  | | Cell Phone | | | | | | | | |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | |  | MI |  | |
|  | | Last Name | | | | | | | | | | |  | | First Name | | | | | | |  | MI |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Position/Job Title | | | | | | | | | | |  | | E-mail | | | | | | | | |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Telephone | | | | | | | | | | |  | | Cell Phone | | | | | | | | |  | |
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| 6. | | | Do you have any documents or electronic communications (including text messages or email) that support your complaint? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | (Please list and attach a copy) | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 7. | | | Do you have any physical evidence (such as photographs, videos, blood tests or rape kits) that support your complaint? (Please describe.) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 8. | | | Describe the outcome(s) you expect from filing your complaint. Be as specific as possible. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 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. | | | | | | | | | | | | | | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | |  | MI |  | |
|  | | Last Name | | | | | | | | | | |  | | First Name | | | | | | |  | MI |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Telephone | | | | | | | | | | |  | | Cell Phone | | | | | | | | |  | |
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| **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 | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |  |  | | |  | |
| Signature of Complainant | | | | | | | |  | | | | | | | | | | | | Date | Enter date | | |  | |
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| **For University Use Only:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Complaint Received | | | | | | | Enter date | | | | | Signature | | | |  | | | | | | | |  | |
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