**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.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 |  |
|  |
| 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. |  |
|  |
|  |
| 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 |  |

|  |
| --- |
| 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. |  |
|  |
|  |
| 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. |  |
|  |
|  |
| 3. | Describe the specific harm you have suffered resulting from the incident(s). |
|  | Click or tap here to enter text. |  |
|  |
|  |
| 4. | What did you or others do to try to resolve the issue? What was the outcome? |
|  | Click or tap here to enter text. |  |
|  |
|  |
| 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 |  |
|  |
| 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. |  |
|  |
|  |
| 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. |  |
|  |
|  |
| 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 |  |
|  |
| **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 |  |
|  |
|  |
| **For University Use Only:** |
| Date Complaint Received | Enter date | Signature |  |  |
|  |