

**DISCRIMINATION/SEXUAL HARASSMENT
FORMAL COMPLAINT FORM
FOR
CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS**

Instructions:

California State University Channel Islands is committed to providing an educational and working environment that is free from discrimination. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in the University's complaint procedures. In particular, you should review the information on the time limits for filing a complaint as specified in the procedure. **Requirements of a Complaint.** Each Complaint shall include the following:

1. The full name, address and telephone number of the Complainant, who must be the individual claiming to be harmed by the discrimination;
2. The name of person(s) alleged to have committed a Discriminatory Act;
3. A clear and concise written statement of the facts that constitute the alleged Discriminatory Act(s), including pertinent dates and sufficient information to identify any other individuals who may provide information during the course of an investigation conducted under these procedures and to bring the matter within the jurisdiction of the ODCS to investigate;
4. A statement by Complainant verifying that the information supporting the allegations of unlawful discrimination is true and accurate to the best of Complainant's knowledge;
5. Complainant's signature;
6. The date of submission of the Complaint;
7. Information that establishes that both Complainant and person(s) alleged to have committed a Discriminatory Act have a sufficient relationship to the University to require application of University policies and procedures to the allegedly Discriminatory Act(s); and
8. The full name, address and telephone number of the Complainant's consultant, if any.

By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process. Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process. Please note that information provided on this or any other form is not considered an official complaint unless it is signed by you and dated. Discrimination complaints may not be submitted by e-mail.

Upon receipt of your complaint, the University will review it. If it is determined that your complaint is complete, timely and raises covered issues, an investigation will be initiated and, unless your complaint is about a student, you will be informed of the outcome of the investigation.

_____ Name

To investigate your complaint, it will be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegations or defenses. The University will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action.

It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process.

Submit Discrimination Complaints by mail or in person to:

Human Resources Programs
CSUCI
Administration 1609
1 University Drive
Camarillo, CA 93012
(805) 437-8423

or

Dean of Student Life
(For Student on Student Complaints Only)
CSUCI, 1 University Drive
Camarillo, CA 93012
(805) 437-8516

Name: _____
First Middle Last

Address: _____
Street or P.O. Box City State Zip

Phone: Day _____ Evening _____

E-Mail Address: _____ **CSUCI Department:** _____

Date of Submission of Complaint: _____

I Am A: CSUCI Student CSUCI Employee Other:

I Wish To Complain Against: _____
(Identify the person(s) directly responsible for the alleged violation)

Date of incident of alleged discrimination: _____

Time for Filing a Complaint. *To be timely, a Complainant must submit a Complaint to the Department of Human Resources Programs no later than 20 Instructional Days after the last Instructional Day of the academic term in which the most recent allegedly Discriminatory Act occurred. Either the Associate Vice President of Human Resources Programs or the Appropriate Administrator or Designee may extend the deadline based on extenuating circumstances.*

Place of incident of alleged discrimination: _____

Nature of alleged discrimination: _____

(Sexual harassment; discrimination on the basis of your race, sex, sexual orientation, national origin, age, disability, color or religion; retaliation because you filed a complaint.)

Describe in detail the specific incident that is the basis of the alleged discrimination: A clear and concise written statement of the facts that constitute the alleged Discriminatory

Act(s), including pertinent dates and sufficient information to identify any other individuals who may provide information during the course of an investigation conducted under these procedures and to bring the matter within the jurisdiction of the Human Resources Programs to investigate;

Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe:

Describe why you believe the incident you described was related to your race, sex, or whatever basis you indicated above, or why you believe you were retaliated against:

List and describe all documents, e-mails, records, materials and other evidence pertaining to your complaint:

List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint:

Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a University supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution.

Please provide information that establishes that both Complainant and person(s) alleged to have committed a Discriminatory Act have a sufficient relationship to the University to require application of University policies and procedures to the allegedly Discriminatory Act(s):

Please submit any additional information pertaining to the alleged discrimination:

Describe the injury or harm you suffered because of the alleged discrimination:

What would you like the University to do as a result of your complaint -- what remedy are you seeking:

If an advisor will assist you in the complaint process, indicate the individual's name, title, address and telephone number:

Complaint Acknowledgment:

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender ("respondent"). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe support my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Signature: _____ Date: _____

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the complaint and to accompany you to any meetings.

Signature: _____ Date: _____

Name of Consultant:

Address: _____ Phone Number: _____

City and Zip Code: _____