California State University Channel Islands

Discrimination Complaint Form

Information and assistance in completing this Discrimination Complaint Form may be obtained from the Department of Human Resources Office, Equity and Diversity. You are encouraged to meet with the Associate Vice President, Human Resources Programs (or other designee in the Department of Human Resources Programs) prior to completing this form. When completed, please deliver it to the Department of Human Resources Programs, Ext. 8490.

Name: ___________________________ Home Address: ___________________________

Work Phone: ______________________ Home Phone: ____________________________

Status (check all that apply): __ Student/Student Assistant __ Staff/Administrator __ Faculty 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, 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: