Note: If an employee is unable or unwilling to complete this form, the investigator can use this format as a structured interview to obtain the necessary information.

Sexual Harassment Complaint

California State University Channel Islands does not permit sexual harassment. Where harassment is found, immediate and appropriate disciplinary action will be taken, up to and including termination of the harasser(s). If you feel you have been the target of sexual harassment in connection with your association with our organization, please make your concern known. You may either use this form or call our designated representative.

For more information on what is considered sexual harassment, see our sexual harassment policy. It is posted on this web page under Human Resources/Diversity & Equity.

Your concern will be treated confidentially, considered carefully, and promptly investigated. If corrective action is appropriate, it will be taken. No action will be taken against you for making your complaint, so long as you believe the complaint to be valid.

Date: _____________________
To: __________________________________________________________________
From: Name _______________________________________ Ext. ________ Home Phone No. (____)___________
Home Address ____________________________________________________________________________
Job Title_________________________ Location __________
Department _________________________

RE: SEXUAL HARASSMENT COMPLAINT

1. Did the harassment occur as a result of or in connection with your association with our organization (even though it may or may not have happened in the workplace)? Yes □ No □ (If not, we will not be able to act on it.)

2. Who was the harasser(s)?

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to You</th>
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1 Supervisor, manager, co-worker, customer, supplier, potential customer, sales representative, other
3. What happened or did not happen? (Be as specific as possible. Include all incidents involving harassment. Add extra pages if necessary.)

____________________________________________________________________________________

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4. If not apparent from the above, why was this conduct offensive to you...and/or what effect did it have on you?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
5. If not apparent from the above, why do you think this was sexual harassment?

__________________________________________________________________________________________________________________________________________________________________________

6. When did it happen? (Give dates and times.)

7. Where did it happen?

8. List any witnesses to the harassment. (Add an extra page if necessary.)

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9. With whom have you discussed the harassment? (List anyone with whom you have discussed it, both individuals inside and outside the organization. Include any supervisors and managers with whom you have discussed it as well as fellow employees.) (Note: This is not a requirement for a complaint to be valid, but it could help substantiate your complaint.)

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<th>Name</th>
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10. Did you do or say anything to let the alleged harasser(s) know of your objections to this conduct? Yes ☐ No ☐ (Note: This is not a requirement for a complaint to be valid, but it could help substantiate your complaint.) If so, what?

__________________________________________________________________________________________________________________________________________________________________________

11. What evidence (if any) do you have of the harassment? (Note: Evidence is not required. However, it can be helpful to verify that harassment occurred. Consider letters, memos, photos, audio tapes, video tapes, and records [such as time cards, building entrance and exit records, etc.])

__________________________________________________________________________________________________________________________________________________________________________

12. What other facts may be helpful to us in investigating your complaint?

__________________________________________________________________________________________________________________________________________________________________________
Note: You will be contacted by our investigator within 24 hours after your complaint and a meeting will be scheduled to hear your complaint. Please bring any additional information or evidence to that meeting. The investigation will be conducted in an objective and confidential manner. No action will be taken against you for having submitted a complaint, no matter what the investigation reveals (so long as you believed the complaint to be valid).

At any time during the investigation, if you have additional thoughts or facts that should be considered by the investigator, contact the investigator immediately.