

COMPLAINT FORM



This Complaint Form should be used to report alleged violations of CSU’s Policy Prohibiting *Discrimination, Harassment, Sexual Misconduct, Sexual Exploitation, Domestic Violence, Dating Violence, Stalking, and Retaliation.*

Instructions:

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

If you are in immediate danger or require medical attention, please contact the police or emergency medical services at 911.

TYPE OF COMPLAINT

Type of Complaint Filing (*Please select all that apply*)*

- | | | | | |
|---|---|-------------------|-------------|---------------------|
| Discrimination
(based on Protected Status) | Harassment
(based on Protected Status) | Sexual Harassment | Retaliation | Sexual Exploitation |
| Sexual Misconduct/
Sexual Assault | Dating Violence | Domestic Violence | Stalking | |

If you are filing a DISCRIMINATION or HARASSMENT complaint, indicate the Protected Status(es) that was/were the basis of the alleged discrimination or harassment. (*Please select all that apply*)

- | | | | |
|--|----------------------------|------------------------------------|--------------------------|
| Race/Ethnicity
(Color or Ancestry or Caste) | Nationality | Disability
(Physical or Mental) | Religion/Religious Creed |
| Gender/Sex | Gender Identity/Expression | Sexual Orientation | Marital Status |
| Medical Condition | Genetic Information | Military/Veteran Status | Age |

If you are filing a RETALIATION complaint, indicate the activity/activities you engaged in that was/were the basis/bases for the alleged retaliation. (*Please select all that apply*)

- Exercised rights under the Policy.
- Reported or opposed conduct which was reasonably and in good faith believed to be in violation of the Policy.
- Assisted or participated in a Policy-related investigation/proceeding regardless of whether the Complaint was substantiated.
- Assisted someone in reporting or opposing a violation of the Policy, or assisted someone in reporting or opposing Retaliation under the Policy.

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COMPLAINANT INFORMATION

Complainant is the person who experienced the alleged conduct.

CSU Campus*

First Name*

Last Name*

Phone Number*

Email*

Affiliation with CSU*

RESPONDENT INFORMATION

Respondent is the person who is alleged to have engaged in the prohibited conduct. You may identify multiple Respondents.

(Attach additional pages to this form, if necessary)

Respondent #1

First Name*

Last Name*

Phone Number

Email

Affiliation with CSU*

Relationship/Association to You (Complainant)*

Respondent #2

First Name

Last Name

Phone Number

Email

Affiliation with CSU

Relationship/Association to You (Complainant)

Respondent #3

First Name

Last Name

Phone Number

Email

Affiliation with CSU

Relationship/Association to You (Complainant)

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INCIDENT DETAILS

Please provide detailed information about the incident(s). e.g., date, time, location, and any additional information. If you do not know, please leave the section blank.

Describe the incident(s) or event(s) giving rise to your complaint. Please include dates, time, and location if known. (Attach additional pages if needed.)

Describe the specific harm you have experienced resulting from the incident(s).

Describe the outcome(s) you seek from filing your complaint. *Please be as specific as possible.*

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Supporting Documentation:* *Do you have any documents, physical evidence (e.g., photographs or videos), or electronic communications (e.g., text messages, direct messages, social media content) that support your complaint?*

No

Yes (If yes, please provide below an explanation of the supporting documentation submitted and how it supports your complaint)

Witnesses: *Identify individuals who may have observed or witnessed the incident. (Attach additional pages to this form, if necessary)*

Witness #1

First Name	Last Name
Phone Number	Email

Witness #2

First Name	Last Name
Phone Number	Email

Witness #3

First Name	Last Name
Phone Number	Email

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NOTICE OF RIGHT TO AN ADVISOR

You may elect to have an Advisor present at meeting(s), interview(s), or hearing(s). If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meeting(s), interview(s), or hearing(s) regarding this complaint. This authorization may be withdrawn at any time.

If you will be accompanied by an Advisor, please provide the following information:

First Name	Last Name
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Phone Number	Email
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Please select one:

I give the CSU permission to contact my advisor and include them in any correspondence with me. ***I may withdraw this authorization at any time.***

I do not give the CSU permission to contact my advisor and include them in any correspondence with me.

CERTIFICATION

False allegations are prohibited. A Complainant shall proceed with a Complaint in good faith. A Complainant who knowingly and intentionally files a false Complaint or any individual who is determined to have provided false statements or information during the investigation process shall be subject to discipline. Such disciplinary action shall not be deemed to be Retaliation.

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

First Name*	Last Name*	Date*
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Signature*

**** Please note that any fields marked with an asterisk are required.***

For University Use Only:

Received by:

Date Received:
