

The University of California prohibits discrimination against or harassment of any person employed or seeking employment with the University on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services.¹

Staff, faculty, student employees, and applicants for employment who believe they may have been discriminated, harassed, retaliated against are encouraged to bring their concerns to the Lead Discrimination/Affirmative Action/Title IX Officer to investigate and attempt to resolve the complaint. Use of the Discrimination, Harassment, Retaliation Complaint form is preferred but not required in order to submit a complaint.

Anonymous reporting happens when you do not disclose your name or the identities of the other parties involved, nor request any action. Depending on what information is shared, action by the University may be limited. The Lead Discrimination/Affirmative Action/ Title IX Officer will determine appropriate next steps as required by relevant laws and policies.

COMPLAINANT INFORMATION

To remain anonymous, indicate so by writing Anonymous on the line below. Note that this may limit our ability to fully investigate this claim.

Name (Last, First) _____
 Phone _____ Email Address _____
 Title/Position _____ Department _____

AFFILIATION WITH UCOP

Check appropriate box(es).

Staff Faculty Applicant Student Student Employee Other

DETAILS OF COMPLAINT

Indicate the ground(s) on which you are making your complaint of discrimination/harassment?

Age	Pregnancy	Veteran Status	National Origin	Genetic Information
Sex	Disability	Gender	Sexual Orientation	Medical Condition
Race	Ancestry	Gender Expression	Sexual Harassment/Violence	
Color	Religion	Gender Identity	Other: _____	
Citizenship	Marital Status	Retaliation		

¹ The University of California Discrimination, Harassment, and Affirmative Action in the Workplace is available at: <http://policy.ucop.edu/doc/4000376/NondiscrimAffirmAct> and the Sexual Harassment & Sexual Violence policy is available at: <http://policy.ucop.edu/doc/4000385/SHSV>.

Person(s) responsible for the alleged action? *List name(s) of individual(s).*

Name	Title/Position	Department	Relationship to you? (Supervisor, co-worker other)

Person(s) who have knowledge or information of the alleged action(s)? *List name(s) of witness(es).*

Name	Title/Position	Department	Relationship to you?

To the best of your recollection, on what date(s) did the alleged action(s) take place?

Describe the event(s), impact, and outcome surrounding the alleged action(s) that you believe violated University policies regarding discrimination, harassment, and/or retaliation.

If you believe that you were retaliated against for filing or participating in a prior discrimination or harassment complaint, investigation of a complaint, or some other protected activity, please explain the circumstances below.

Have you previously filed another complaint about these actions under any other complaint procedures (e.g., APM 015, PPSM 70, collective bargaining agreement)? If so, identify which procedure and the date the complaint was filed.

What remedy or resolution are you seeking? Describe your desired outcome.

By signing this complaint form I affirm that, to the best of my knowledge, the information contained herein is true and factual while also establishing consent and release of the above information for the purposes of an investigation. I understand that the completion of this form or the filing of a discrimination, harassment, and/or retaliation complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received in the Office of Equal Opportunity and Compliance. I further understand if I knowingly provide false or fraudulent information in a complaint I may be subject to disciplinary action.

Complainant's Signature

Date

A victim of discrimination or harassment is encouraged to use the University's internal complaint process. UCOP encourages prompt reporting of discrimination, harassment and retaliation claims. Those claims should be brought forward as soon as possible after the alleged conduct occurs. While there is no stated timeframe for reporting, prompt reporting will better enable the University to respond to the report, provide an appropriate remedy and, take appropriate remedial action.

Although the University cannot commit to keeping a complaint of discrimination confidential because of the University's obligation to investigate the complaint, the University will use its best efforts to only disseminate information concerning the complaint to those with a need to know. Please feel free to contact our office if you have any questions regarding the process for filing or investigating complaints of discrimination, harassment, or retaliation.

Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor Office of Civil Rights, or the California Department of Fair Employment and Housing (inside California, contact the department toll free at 800-884-1684). For information about time limits on filing a charge contact the agency directly.

Save the completed form and mail/e-mail/fax/drop-off to:

Lead Discrimination, Affirmative Action Title IX Officer John Sims Phone: 510-987-0477 John.Sims@ucop.edu	University of California, Office of the President 1111 Franklin St. 5 th Floor # 5312 Oakland, CA 94607 Fax: 510-217-9114
--	---

FOR HR PERSONNEL ONLY

Date of complaint: _____ Date received by AA/EEO/Title IX Office: _____