

UCOP LOCAL HR

ABUSIVE CONDUCT INTAKE FORM

Please submit this form to reportabusiveconduct@ucop.edu

Definitions

Reporter: Any individual, including a student, who makes a report of alleged misconduct that falls under the Abusive Conduct Policy.

Complainant: Any individual, including a student, who alleges and/or has been reported to have been subjected to abusive conduct.

Respondent: An individual alleged to have engaged in abusive conduct.

Workplace: Any space where University business is conducted or occurs, in connection with University employment and/or in the context of a University program or activity (for example, University-sponsored study abroad, research, health services, or internship programs, as well as the online workplace).

Please see reference of the [Abusive Conduct Policy](#).

Today's Date (mm/dd/yyyy): _____

Date of Incident (mm/dd/yyyy): _____

If conduct has taken place on more than one date, please indicate the initial date here and include additional dates below in the **Description of Conduct section.*

Are you reporting for someone else as a Reporter?: Yes NO No

Are you reporting for yourself as a Complainant?: Yes No No

Are you participating as a Respondent?: Yes No

**If you are reporting alleged Abusive Conduct on behalf of someone else, you may do so anonymously. However, UC employees reporting on behalf of a student or subordinate employee must provide their name and other information to fulfill their reporting responsibilities.*

Have you previously attempted to address this matter with your supervisor, your manager, Office of Ombuds, Title IX Office, or Office of Human Resources?: Yes, please list details: No

Are you seeking informal or formal resolution?: Informal Formal

If seeking informal resolution, do you grant permission for the Office of the Ombuds to contact you for assistance?: Yes No

Reporter Information

If not the **Complainant, each question below requires a response; if any of the requested information about the Reporter is unknown, please write "**Unknown.**"*

Reporter Name: _____

Reporter Email: _____

Reporter Phone Number: _____

Reporter Job Title: _____

Reporter Department: _____

Reporter Affiliation (Staff, Faculty, Academic Appointee, Student, Other): _____

Complainant Information

Each question below requires a response; if any of the requested information about the Complainant is unknown, please write "Unknown.**"*

Complainant Name: _____

Complainant Email: _____

Complainant Phone Number: _____

Complainant Job Title: _____

Complainant Department: _____

Complainant Affiliation (Staff, Faculty, Academic Appointee, Student, Other): _____

Respondent Information

Each question below requires a response; if any of the requested information about the Respondent is unknown, please write "Unknown.**"*

Respondent Name: _____

Respondent Email (if known): _____

Respondent Phone Number (if known): _____

Respondent Job Title: _____

Respondent Department: _____

Respondent Affiliation (Staff, Faculty, Academic Appointee, Student, Other): _____

DESCRIBE CONDUCT ON NEXT PAGE

Description of Conduct

Please include a description with details as follows: what occurred, what was said, when the incident(s) occurred, where the incident(s) occurred, who else was present at the time of the incident(s), along with any other relevant information. If there were any witnesses to the alleged misconduct, witness names should be provided, along with contact information, if known. If you need additional space to describe the behavior being reported, please attach another document with the details.

Requested Outcome

Please outline the requested outcome the Complainant is seeking from this complaint.

Next Steps

Please email this form to **reportabusiveconduct@ucop.edu**. After submitting this form, you will receive confirmation of receipt from HR or proxy for guidance towards next steps.