DISCRIMINATION COMPLAINT FORM

University of California and UC Santa Cruz policies prohibit discrimination and/or retaliation on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran.¹

Staff, faculty, student employees, and applicants for employment who believe they may have been discriminated or retaliated against are encouraged to bring their concerns to the Office for Diversity, Equity, and Inclusion where staff are available to investigate and attempt to resolve the complaint. Complaints of sex discrimination, including sexual harassment and assault, may also be brought directly to the Title IX office by calling 459-2462.

Name:	I am:	Staff		
Address:		Faculty		
		Student Employee		
Telephone:		Applicant for Employment		
Email Address:	-	Visitor/Other		
Date:				
DETAILS OF COMPLAINT				
Discrimination/harassment based on: (Please che □Race □Color □National Origin □Religio □Disability □Medical Condition □Genetic I Orientation □Citizenship □Veteran Status □I	n \square Sex \square Gender Iden information \square Ancestry	ntity/Expression		
Date(s) most recent or continuing discrimination/retaliation took place (month, day & year):				
1. Identify the person or persons against whom your allegations are made and their positions with the University.				

¹ For full text, please see: https://diversity.ucsc.edu/eeo-aa/images/non-discrimination-policy.pdf

3. Whom have you contacted previously within and outside of your department or division to resolve your concerns? What did you or others do to try and resolve matters? What was the outcome of these resolution efforts? 4. Identify others who may have observed or witnessed the incident(s) or treatment of concern and those yo suggest are interviewed regarding the concerns you are raising. Name Address Telephone Position	2. Describe the nature of the complaint, the incident(s), event(s), date(s), time(s) and place(s). (<i>Please attach additional pages as necessary</i>):				
4. Identify others who may have observed or witnessed the incident(s) or treatment of concern and those yo suggest are interviewed regarding the concerns you are raising. Name Address Telephone Position	aaainonai pages	s as necessary):			
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	Name_	Address	<u>Telephone</u>	<u>Position</u>	
5. Identify others who you believe may have had similar experiences.	5. Identify other	s who you believe may have h	ad similar experiences.		
Name Address Telephone Position	<u>Name</u>	Address	<u>Telephone</u>	Position	

6. Do you have documents to support your allegations? If yes, please list and attach.		
7. What would you consider a successful or accep	table outcome and/or resolution to your complaint?	
Send this complaint form to:	Ciel Benedetto, Assistant Director for EEO Mail Stop: Office for Diversity, Equity, & Inclusion UC Santa Cruz 1156 High St. Santa Cruz, CA 95064	
To call for information or to make an appointment To send your inquiries via email:		
Last updated 5/2018 Rece	ived ODEI:	