

**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.<sup>1</sup>

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 ____
Telephone: _____	Student Employee ____
Email Address: _____	Applicant for Employment ____
Date: _____	Visitor/Other ____

**DETAILS OF COMPLAINT**

Discrimination based on: (Please check all appropriate items.)

- Race  Color  National Origin  Religion  Sex  Gender Identity  Pregnancy  Disability
- Medical Condition  Genetic Information  Ancestry  Marital Status  Age  Sexual Orientation
- Citizenship  Veteran Status  Retaliation  Other \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> For full text, please see: University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment, [http://diversity.ucsc.edu/eo-aa/aa/images/nondiscrimination\\_policy.pdf](http://diversity.ucsc.edu/eo-aa/aa/images/nondiscrimination_policy.pdf).

2. Describe the nature of the complaint, the incident(s), event(s), date(s), time(s) and place(s). *(Please attach additional pages as necessary):*

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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?

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4. Identify others who may have observed or witnessed the incident(s) or treatment of concern and those you suggest are interviewed regarding the concerns you are raising.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Position</u>

5. Identify others who you believe may have had similar experiences.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Position</u>

