

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 check all appropriate items.)

- Race Color National Origin Religion Sex Gender Identity/Expression 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.

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

