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:		
<u>DETAII</u>	S OF COMPLAINT	
Discrimination/harassment based on: (Please check Race □Color □National Origin □Religion □Disability □Medical Condition □Genetic In Orientation □Citizenship □Veteran Status □R	Sex Gender Identiformation Ancestry	tity/Expression Pregnancy
Date(s) most recent or continuing discrimination/	retaliation took place (m	onth, day & year):
Identify the person or persons against whom you University.	our allegations are made	and their positions with the

 $^{^{1}\ \} For\ full\ text,\ please\ see:\ \underline{https://diversity.ucsc.edu/eeo-aa/images/non-discrimination-policy.pdf}$

	e nature of the complaint, the iges as necessary):	incident(s), event(s), date(s), time(s) and	place(s). (Please attach
		hin and outside of your department or divand resolve matters? What was the outco	
	ners who may have observed or terviewed regarding the concer	r witnessed the incident(s) or treatment orns you are raising.	f concern and those you
Name_	<u>Address</u>	<u>Telephone</u>	<u>Position</u>
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5. Identify oth	ers who you believe may have	e had similar experiences.	
<u>Name</u>	Address	<u>Telephone</u>	<u>Position</u>

6. Do you have documents to support your allegations? If yes, please list and attach.		
7. What would you consider a successful or accepta	able outcome and/or resolution to your complaint?	
Send this complaint form to:	Sonjé Dayries, Associate Director for EEO/AA 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:	831-459-2686	
To send your inquiries via email:	sdayries@ucsc.edu	
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Last updated 9/2019 Receiv	ved ODEI:	