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:________________________________________
______________________________________________
Telephone:_______________________________________
Email Address:___________________________________
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.
______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

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

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

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6. Do you have documents to support your allegations? If yes, please list and attach.

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7. What would you consider a successful or acceptable outcome and/or resolution to your complaint?

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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

Last updated 9/2019 Received ODEI: _____________________