

Office for Institutional Equity Complaint Form

Name of person completing this form: _____ CSU ID Number _____

Email: _____ Alternative Email: _____

Phone: _____ Campus extension _____

I am a (check one): Student Professional Staff Other
 Faculty Classified

My complaint is against: Student Department Faculty Employee

My complaint is about: Discrimination Harassment Sexual Violence Other

The conduct I am complaining about is based on:

Race or Color Disability National Origin Veteran Other
Sex Genetics Age Gender Identity
Sexual Orientation Religion Retaliation Gender Expression

Summary of Allegations: _____

(Continue on reverse side or additional pages)

Desired Resolution: _____

Signature of Person Making Complaint Date _____