

STUDENT COMPLAINT FORM

Executive Order 1097 provides students a systemwide *procedure* to file complaints alleging violations of the California State University (CSU) systemwide *policy* prohibiting Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence or Stalking against students by the CSU, Employees, other Students, or Third Parties. **Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary.**

CSU Campus	<input type="text"/>	Work Phone	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>
		MI	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>
		E-mail	<input type="text"/>
		Cell Phone	<input type="text"/>
		Home Phone	<input type="text"/>
		Best time to call:	<input type="text"/> AM/PM <input type="text"/>

Currently a CSU Student? Yes No Last CSU Registration Date

Currently a CSU Applicant? Yes No Last CSU Application Date

Was Early Resolution sought? Yes No If yes, with whom: Date

Indicate the type(s) of complaint being filed:

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Domestic Violence
		<input type="checkbox"/> Stalking

If you are filing a Discrimination or Harassment complaint, indicate the protected status(es) that was/were the basis(es) of the alleged Discrimination or Harassment. (Please select all that apply):

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Gender Identity/Expression	<input type="checkbox"/> Military/Veteran Status	<input type="checkbox"/> Age

If you are filing a Retaliation complaint, indicate the activity(ies) you engaged in that was/were the basis(es) for the alleged Retaliation.

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1. Identify the Respondent(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below. Attach additional pages to this form if necessary.

Respondent(s) name:	Relationship/Association with the campus:	Relationship/Association to you:

2. Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint. Attach additional pages to this form, if necessary.

3. Describe the specific harm you have suffered resulting from the incident(s). Attach additional pages to this form, if necessary.

4. What did you or others do to try to resolve the complaint? What was the outcome?

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**Executive Order 1097
Revised March 29, 2019
Attachment A**

5. Identify individuals who may have observed or witnessed the incident(s) that you described.

Last Name First Name MI Telephone

Position/
Job Title Cell Phone

E-mail _____ Telephone

Last Name First Name MI Cell Phone

Position/
Job Title

E-mail _____

6. Do you have any documents or electronic communications (including text messages or email) that support your complaint?

Yes No (Please list and attach a copy.)

Empty text box for providing supporting documents or communications.

7. Do you have any physical evidence (such as photographs, videos, blood tests or rape kits) that support your complaint? (Please describe)

Empty text box for describing physical evidence.

8. Describe the outcome(s) you expect from filing your complaint. Be as specific as possible.

Empty text box for describing expected outcomes.

You may elect to have an Advisor present at meeting(s) and/or interview(s) which may be a Sexual Assault Victim’s Advocate. If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meeting(s) and/or interview(s) regarding this complaint. The role of the Advisor is limited to observing and consulting with you.

9. If you will be accompanied by an Advisor, provide the name and telephone number.

Last Name First Name MI Telephone

Cell Phone

CERTIFICATION

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

Print Name of Student _____

Date

Signature of Student _____

For University Use Only: Date Complaint Received _____ Signature _____