



Sexual Misconduct Complaint Form (including sexual violence, domestic violence, dating violence and stalking)

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Student Health Center, Room

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To file a complaint with the University, please complete and bring this form in person to the Office of Equity and Diversity or call our office to make arrangements to meet with an Equity and Diversity investigator.

Our office will make every effort to keep what you share with us private to the greatest extent possible. However, because of the university's obligation to protect the safety and well-being of its campus community it may be necessary for us to share details with those who have a legitimate business need to know, and therefore we are unable to guarantee absolute confidentiality.

Rights & Options for Victims of Sexual Misconduct, Dating and Domestic Violence, and Stalking

<http://www.csun.edu/sites/default/files/RO-to-publish-09015.pdf>

The Office of Equity & Diversity can help you access resources regardless of whether you decide to file a complaint. You can stop by our office (University Hall 285), give us a call, or send us an email if you would like to discuss your options and available resources.

Sexual Misconduct Complaint Form

Title IX of the Education Amendments of 1972 is a federal civil rights law

that prohibits discrimination on the basis of sex in education programs and activities.

Under Title IX, discrimination on the basis of sex can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, domestic violence, dating violence and stalking.

Title IX protects all people regardless of their gender or gender identity from sexual harassment and violence.

Procedures for reporting and responding to complaints of discrimination under Title IX can be found in CSUN's **Title IX Notice of Non-Discrimination** (<http://catalog.csun.edu/policies/title-ix-notice-of-nondiscrimination/>) as well as CSU E.O. 1096 for employees and third parties (<http://calstate.edu/eo/EO-1096-rev-10-5-16.html>) and CSU E.O. 1097 for students (<http://calstate.edu/eo/EO-1097-rev-10-5-16.html>).

Please indicate **your** status or affiliation with CSUN:

- Current Student Student Alumn(a/us) Student Applicant
 Current Employee Former Employee Other (Explain): _____

First Name: _____ Last Name: _____

Preferred Name: _____ Preferred pronoun (E.g. she, he): _____

Work Ext: _____ Cell Phone: _____ Home Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Student ID: _____ Class Standing: _____

Employee ID: _____ Position Title: _____

Department: _____ Supervisor Name: _____

How would you prefer for us to contact you?

- Email
 Cell Phone
 Home Phone
 Work Ext.

When is the best time to contact you?

TYPE OF COMPLAINT (If you are not sure which box to check, please contact the Office of Equity and Diversity to schedule a meeting with an investigator):

- Sexual misconduct
 Dating violence
 Domestic violence
 Stalking (**based on gender**)

Sexual Misconduct Complaint Form (continued)

WHAT IS/ARE THE NAME(S) OF THE PERSON/PEOPLE WHO YOUR COMPLAINT IS AGAINST?

PLEASE TELL US HOW YOU HAVE CONTACT WITH THIS PERSON/THESE PEOPLE (E.g. supervisor, co-worker, faculty, classmate, roommate, significant other, partner, online acquaintance)

PLEASE TELL US WHAT YOU ARE ABLE TO REMEMBER ABOUT THE EXPERIENCE THAT LED TO YOU MAKING THIS COMPLAINT (Please continue on a separate sheet if needed and attach)

PLEASE TELL US WHEN THIS HAPPENED (E.g. a date, time/s if available, or an approximate timeframe)

ARE THERE WITNESSES, DIRECT OR INDIRECT, WHO YOU THINK WE SHOULD SPEAK TO? IF YES, PLEASE PROVIDE THEIR NAME/S, CONTACT INFORMATION AND THEIR RELATIONSHIP TO YOU. **Note:** All contacts with potential witnesses regarding this complaint are to be made only by the E & D investigator

DO YOU HAVE ANY DOCUMENTATION, TEXT MESSAGES, EMAILS, SCREEN SHOTS ETC. THAT YOU WOULD LIKE TO PROVIDE? (If yes, you can attach it to this form or provide it to us later in person)

PLEASE TELL US WHO ELSE AT THE UNIVERSITY, IF ANYONE, YOU HAVE TOLD ABOUT YOUR EXPERIENCE

ARE THERE ANY INTERIM MEASURES YOU WOULD LIKE FOR US TO CONSIDER TO HELP YOU FEEL SAFER ON CAMPUS?
(E.g. alternative housing or accommodation, adjustments to your schedule)

PLEASE TELL US WHAT YOU WISH TO SEE AS THE OUTCOME TO YOUR COMPLAINT

IS THERE ANYTHING ELSE YOU WOULD LIKE FOR US TO KNOW?

I certify that the information I have provided in this complaint is true and correct.

Your signature: _____ Date: _____