CSU The California State University

Executive Order 1097
Revised June 23, 2015
Attachment A

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: Los Angeles

Last Name: First Name: MI:

Mailing Address:

City:

State: Zip Code:

Work Phone:

Cell Phone:

Home Phone:

Best time to call: AM/PM

E-mail:

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:
☐ Discrimination ☐ Harassment ☐ Retaliation
☐ Sexual Misconduct ☐ Dating Violence ☐ Domestic Violence ☐ 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):

☐ Race/Color	☐ Religion	☐ Sexual Orientation	☐ Medical Condition
☐ National Origin/Ancestry	☐ Gender/Sex	☐ Disability	☐ Genetic Information
☐ Marital Status	☐ Gender Identity/Expression	☐ Military/Veteran Status	☐ 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 events(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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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

Last Name | First Name | MI | Telephone

Position/ Job Title | Cell Phone

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.)

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

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

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

Signature of Student

Date

For University Use Only: Date Complaint Received _____ Signature _____