



Complaint Form

When this form has been completed and signed, and then signed by the designated Equal Opportunity representative in Human Resources, your complaint has been properly received and noted by the University. We will provide you with a copy of this form as well as complete information about the discrimination complaint process.

To file a complaint with the University, please complete and bring this form in person to Human Resources or call our office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the Human Resources to schedule an appointment.

The designated Equal Opportunity representative investigates complaints by faculty, staff, applicants, and students who believe themselves to be harmed by sexual harassment, or discrimination and harassment related issues that have protected class status. Human Resources also represents the university to government agencies on those same matters.

What is protected class status?

Protected class status is acquired by persons or behavior protected by applicable laws and governmental regulations at the federal, state, and local levels which prohibit discrimination, or which mandate that special consideration be given on the basis of race, religion, national origin, gender, age, veteran status, disability, sexual orientation, or any other characteristic which may from time to time be specified in such laws and regulations.

Special protections for employees are also available concerning family care leave or its denial, pregnancy disability or its denial, or retaliation for complaints related to any protected class.

If you are unsure about the protected class status of your complaint, please feel free to call Human Resources. If your complaint is not one which our office handles, we will refer you to the appropriate office for assistance.

Check One

☐ Faculty

☐ Staff

☐ Student

☐ Employment Applicant

☐ Student Applicant

☐ Other Explain:

Name

Department/Company

Work Telephone

Home Telephone

Work Address

City

State

ZIP Code

Home Address

City

State

ZIP Code

Employee I.D.

Student I.D.

Name of Supervisor

Supervisor's Telephone

Have you brought this matter to the attention of any other department(s) at the university? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe discriminated against you and why you have contact with them, e.g. supervisor, co-worker, faculty, customer.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you. Attach additional pages if necessary.

Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)

1. Witness Name	Relationship	Telephone
2. Witness Name	Relationship	Telephone
3. Witness Name	Relationship	Telephone

I certify the aforementioned is true and correct.

X

Your Signature	Print Name	Date
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For the Equal Opportunity Office

Complaint Taken by

Representative Signature	Print Name	Date
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Chapman University – Equal Opportunity and Diversity Officer
Phone: 714- 997-6686
Office Location: De Mille Hall, Suite 103

A victim of discrimination or harassment is encouraged to use the university's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor Office of Civil Rights, or the California Department of Fair Employment and Housing.