DISCRIMINATION / HARASSMENT COMPLAINT FORM

University of California and UCSF policies prohibit discrimination/harassment/retaliation on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran. [1]

Staff, faculty, student employees, and applicants for employment who believe they may have been discriminated/harassed/retaliated against are encouraged to bring their concerns to the EEO/AA Officer to investigate and attempt to resolve the complaint.

[1] For Full Text, Please see: University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment, http://www.ucop.edu/ucophome/coordrev/policy/PP061008nondiscriminationpolicy062410.pdf

Name:_____ Date:_____

Address:_____

Phone:_____ Email Address:_____

Affiliation: ☐ Staff ☐ Faculty ☐ Student ☐ Post-Doc ☐ Other

DETAILS OF COMPLAINT

Discrimination/harassment based on: (Please check all appropriate items)

☐ Age	☐ Pregnancy	☐ Veteran Status	☐ National Origin	☐ Retaliation
☐ Sex	☐ Disability	☐ Gender	☐ Sexual Orientation	☐ Sexual Harassment
☐ Race	☐ Ancestry	☐ Gender Expression	☐ Genetic Information	
☐ Color	☐ Religion	☐ Gender Identity	☐ Other: _____	
☐ Citizenship	☐ Marital Status	☐ Medical Condition		

Date(s) most recent or continuing discrimination/harassment/retaliation took place (month, day & year): _____

Person(s) responsible for the alleged action(s):

Name: _____ **Department:** _____

Location: _____ **Relationship to you (supervisor, co-worker, other):** _____

Clearly state your complaint, describing each incident of alleged discrimination/harassment separately.
For each incident, please provide: 1) name of individual(s) who discriminated/harassed, 2) what happened, 3) where it happened, 4) witness names (if any) and 5) why you believe the discrimination/harassment happened. (Attach additional pages as needed)

What would you consider to be a successful or acceptable outcome and/or resolution to your complaint?

I certify that this information is correct to the best of my knowledge.

_____

Signature of Complainant Date

CONTACT INFORMATION

Cristina Pérez-Abelson,
Dir. EEO/AA, ADA & Title IX
UCSF, Box 1249
Phone: (415) 476-4753
Fax: (415) 476-6299
Cristina.Perez@ucsf.edu

MAIL COMPLETED FORM TO:

Attn: Cristina Pérez-Abelson
UCSF Office of Title IX/EEO/AA 3333 California St., Sublevel 1, Ste.16 San Francisco, CA 94143-2149

OR EMAIL TO:

Title9@ucsf.edu
or
EEO@ucsf.edu

OR DROP OFF COMPLETED FORM:

Seal complaint in an envelope marked "CONFIDENTIAL, Attn: Cristina Pérez-Abelson" and deliver envelope to Laurel Heights campus, Sublevel 1, #16