



COMPLAINT FORM

COMPLAINANT'S NAME: _____

CAMPUS ADDRESS: _____

CONTACT INFORMATION (Phone Number, Email Address)

BASIS OF COMPLAINT:

- Discrimination (based on race, ethnicity, national origin, disability, gender, religion, etc.)**
- Discriminatory Harassment**
- Sexual Harassment**
- Gender Based Harassment**
- Sexual Assault**
- Intimate Partner Violence**
- Stalking**
- Inappropriate Amorous Relationship**
- Retaliation**
- Failure to Report Prohibited Conduct**
- Bullying/General Mistreatment**
- Workplace Violence**
- State Ethics**
- Other:** _____

RESPONDENT(S):

STATEMENT OF COMPLAINT: (Use Additional Page If Needed)

SIGNATURE OF COMPLAINANT

DATE: _____
(ATTACH SUPPORTING DOCUMENTATION)

Send completed form and all supporting documentation to the CSU Director of Labor Relations at chenderson@commnet.edu or to the CSU Director of Diversity & Inclusion at lgende@commnet.edu