

COMPLAINT FORM

Instructions: This complaint form is for use by individuals who are eligible to file a complaint of Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence or Stalking under Executive Order 1097. Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary.

| | | | |
|-----------------|----------------------|--------------------|---|
| CSU Campus | <input type="text"/> | Work Phone | <input type="text"/> |
| Last Name | <input type="text"/> | First Name | <input type="text"/> |
| | | MI | <input type="text"/> |
| Mailing Address | <input type="text"/> | | |
| City | <input type="text"/> | Home Phone | <input type="text"/> |
| State | <input type="text"/> | Zip Code | <input type="text"/> |
| E-mail | <input type="text"/> | | |
| | | Best time to call: | <input type="text"/> AM/PM <input type="text"/> |

What is your relationship with the California State University campus listed above?

Current Employee? Yes No Former Employee? Yes No Last date of employment

An Applicant for employment? Yes No A Third Party? Yes No

Please specify your relationship with the University:

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):

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Gender / Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> 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.

COMPLAINT FORM

1. Identify the Respondent(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below.

| Respondent's name: | Relationship/Association with the campus: | Relationship/Association to you: |
|----------------------|---|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint.

3. Describe the specific harm you have suffered resulting from the incident(s).

4. What did you or others do to try to resolve the issue? What was the outcome?

5. Identify individuals who may have observed or witnessed the incident(s) that you described.

| | | | | | | | |
|------------------------|----------------------|------------|----------------------|----|----------------------|------------|----------------------|
| Last Name | <input type="text"/> | First Name | <input type="text"/> | MI | <input type="text"/> | Telephone | <input type="text"/> |
| Position/ Job Title | <input type="text"/> | | | | | Cell Phone | <input type="text"/> |
| E-mail | <input type="text"/> | | | | | | |
| Last Name | <input type="text"/> | First Name | <input type="text"/> | MI | <input type="text"/> | Telephone | <input type="text"/> |
| Position/ Job Title | <input type="text"/> | | | | | Cell Phone | <input type="text"/> |
| E-mail | <input type="text"/> | | | | | | |

COMPLAINT FORM

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, please provide the name and telephone number.

| | | | | | | | |
|-----------|----------------------|------------|----------------------|----|----------------------|------------|----------------------|
| Last Name | <input type="text"/> | First Name | <input type="text"/> | MI | <input type="text"/> | Telephone | <input type="text"/> |
| | | | | | | Cell Phone | <input type="text"/> |

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 Complainant _____
Signature of Complainant _____

Date

For University Use Only: Date Complaint Received _____ Signature _____

Executive Order 1096 Procedure Timeline

Executive Order 1096 provides a systemwide procedure for handling allegations of Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating and Domestic Violence, and Stalking by certain individuals (see Article III C. 1. Filing a Complaint.) Below is a summary of the Executive Order 1096 procedure timeline. For a full understanding and complete text, please consult Executive Order 1096.

- **Immediately following an act/action/incident that falls under Executive Order 1096** or as soon as possible thereafter, Complainants who believe they are or may have been victims of Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence or Stalking, may initiate the **Article III. Campus Procedure for Responding to Complaints** to receive information about the procedures that exist for resolving such matters. All incidents should be reported even if a significant amount of time has passed. However, delaying a report or Complaint may impede the ability to conduct an investigation or take appropriate remedial actions.

For the purpose of this Executive Order, Working Days are defined as Monday through Friday, excluding all official holidays or Campus closures at the Campus where the Complaint originated or at the Chancellor's Office (CO) where the Complaint Appeal is reviewed.

- **Within ten (10) Working Days after receipt of a Complaint**, an intake interview shall be conducted with the Complainant.
- **Within ten (10) Working Days** after reviewing all written Complaints and the information received during the intake interview, the Discrimination/Harassment/Retaliation (DHR) Administrator or Title IX Coordinator will notify the Complainant that the Complaint has been accepted for investigation and the timeline for completion of the investigation. If the DHR Administrator or Title IX Coordinator determines the Complainant has failed to state a Complaint within the scope of this Executive Order, s/he will provide the Complainant with written notice of this determination within **ten (10) Working Days**. The DHR Administrator or Title IX Coordinator will also inform the Complainant that if additional information is provided, the Complaint will be reviewed again.
- **Within sixty (60) Working Days after the intake interview**, the Investigator shall complete the investigation, write and submit an investigation report to the campus designated DHR Administrator or Title IX Coordinator. If this timeline is extended pursuant to Article V. E, it shall not be extended for a period longer than an additional **thirty (30) Working Days** from the original due date.
- **Within ten (10) Working Days of receiving the investigation report**, the DHR Administrator or Title IX Coordinator shall review the investigation report and notify the Parties in writing of the investigation outcome. If the DHR Administrator or Title IX Coordinator performed the investigation, s/he shall notify the Parties in writing of the investigation outcome within **ten (10) Working Days** of completing the investigation report. The Notice shall indicate whether or not this Executive Order was violated and the Complainant's and Respondent's right to file an Appeal under this policy.

Executive Order 1096 Procedure Timeline

- **Within ten (10) Working Days after the date of the Notice of Investigation Outcome**, the Complainant may file a written appeal with the CO.
- **Within thirty (30) Working Days after receipt of the written Appeal**, the CO designee shall respond to the appealing party, unless the timeline has been extended pursuant to Article IV. G or Article V. E. A separate notification shall be provided to the non-appealing party, indicating whether or not the allegations were substantiated on Appeal by a Preponderance of the Evidence.
- **Closure.** The CO Appeal Response is final and concludes the Complaint and Appeal process under this Executive Order.

Pursuant to EO 1096, Article V. E. the timelines noted above may be extended as follows:

The timeline for the procedures contained within this Executive Order may be extended for any reason deemed to be legitimate by the Campus investigator/CO Appeal reviewer or by mutual agreement of the Parties. The timelines stated within this Executive Order will be automatically adjusted for a reasonable time period that should not exceed an additional **thirty (30) Working Days** for a Campus investigation or an additional **thirty (30) Working Days** for a reopened Campus investigation under Article IV. The Complainant and Respondent shall receive written notification of any period of extension.

***Note that for matters that fall under the scope of the 2019 Addendum, these timelines are not applicable. Please contact your campus Title IX Coordinator for additional guidance.