Office for Institutional Equity
Complaint Form

Name of person completing this form: _______________  CSU ID Number _______________

Email: _______________  Alternative Email: _______________

Phone: _______________  Campus extension _______________

I am a (check one):  Student □  Professional Staff □  Other □
                   Faculty □  Classified □

My complaint is against:  Student □  Department □  Faculty □  Employee □

My complaint is about:  Discrimination □  Harassment □  Sexual Violence □  Other □

The conduct I am complaining about is based on:

□ Race or Color  □ Disability  □ National Origin  □ Veteran  □ Other
□ Sex  □ Genetics  □ Age  □ Gender Identity
□ Sexual Orientation  □ Religion  □ Retaliation  □ Gender Expression

Summary of Allegations:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Continue on reverse side or additional pages)

Desired Resolution:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

__________________________________________________________  Date________

Signature of Person Making Complaint