**COMPLAINT FORM FOR**
**DISCRIMINATION/HARASSMENT/RETLIATION COMPLAINTS**

**Instructions**: This complaint form is for use by individuals who are eligible to file a complaint of Discrimination, Harassment or Retaliation under Executive Order 1089. **Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary. Please submit this form to [insert DHR Administrator's contact info.]**

Leads, managers, or supervisors who receive this form should immediately forward it to [insert DHR Administrator's contact info.]

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**CSU Campus**

**Department**

**Last Name**

**First Name**

**MI**

**Mailing Address**

**City**

**State**

**Zip Code**

**E-mail**

**Home Phone**

**Work Phone**

**Mobile Phone**

Best time to call: AM/PM

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

- [ ] Current Employee? Yes
- [ ] No
- [ ] Former a 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:

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Was Informal Resolution sought?  
- [ ] Yes
- [ ] No

If yes, with whom: 

[ ] Date

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Indicate the type(s) of complaint being filed:  
- [ ] Discrimination
- [ ] Harassment
- [ ] Retaliation

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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):

- [ ] Race/Color
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Medical Condition
- [ ] National Origin/Ancestry
- [ ] Gender
- [ ] Disability
- [ ] Genetic Information
- [ ] Marital Status
- [ ] Gender Identity/Expression
- [ ] Veteran Status
- [ ] Age

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If you are filing a Retaliation complaint, indicate the activity(ies) you engaged in that was/were the basis(es) for the alleged Retaliation.