

# Complaint Form

for

## San Diego State University Student Complaints Involving Discrimination, Sexual Harassment, Accommodation for Disabilities, and/or Student Records Access and Disclosure

**INSTRUCTIONS:** Please provide all the information requested. Be as specific as possible when discussing incidents. Include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process.

*Please be aware that the information you provide is considered sensitive and will be shared only with those persons who are considered essential to the investigation and disposition of this complaint.*

It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process.

### BACKGROUND INFORMATION

Name of Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address:

Campus: \_\_\_\_\_

Permanent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Red ID Number: \_\_\_\_\_

Undergraduate Student: \_\_\_\_\_ Graduate Student: \_\_\_\_\_

Major: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The formal investigation of your complaint cannot begin until this form has been received, dated and signed by the appropriate office (see *Campus Procedures*).

Received by (Name and Office): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signed: \_\_\_\_\_

Office Stamp

A. Type of complaint (Please check all that apply):

Sexual Harassment \_\_\_\_\_

Accommodation for Disability \_\_\_\_\_

Discrimination based on:

\_\_\_\_\_ Age

\_\_\_\_\_ Alienage

\_\_\_\_\_ Disability

\_\_\_\_\_ Gender

\_\_\_\_\_ Marital Status

\_\_\_\_\_ National Origin

\_\_\_\_\_ Race/Ethnicity

\_\_\_\_\_ Religion

\_\_\_\_\_ Sexual Orientation

Records Access and/or Disclosure \_\_\_\_\_

B. Most recent date of attendance at, or application to, SDSU: \_\_\_\_\_

C. Most recent date of incident: \_\_\_\_\_

D. Respondent(s) (Person(s) who allegedly violated your rights under the *Campus Procedures*):

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E. Witness(es):

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