



# DISCRIMINATION / HARASSMENT COMPLAINT FORM

University of California and UCSF policies prohibit discrimination/harassment/retaliation on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, citizenship or status as a covered veteran.<sup>1</sup>

Staff, faculty, student employees, and applicants for employment who believe they may have been discriminated/harassed/retaliated against are encouraged to bring their concerns to the EEO/AA Officer to investigate and attempt to resolve the complaint.

<sup>1</sup> For Full Text, Please see: University of California Policy on Discrimination, Harassment, and Affirmative Action in the Workplace

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Affiliation:  Staff  Faculty  Student  Postdoc  Other

### DETAILS OF COMPLAINT

*Discrimination/harassment based on: (Please check all appropriate items)*

|             |                |                   |                     |                   |
|-------------|----------------|-------------------|---------------------|-------------------|
| Age         | Pregnancy      | Veteran Status    | National Origin     | Retaliation       |
| Sex         | Disability     | Gender            | Sexual Orientation  | Sexual Harassment |
| Race        | Ancestry       | Gender Expression | Genetic Information |                   |
| Color       | Religion       | Gender Identity   | Other: _____        |                   |
| Citizenship | Marital Status | Medical Condition |                     |                   |

**Date(s)** most recent or continuing discrimination/harassment/retaliation took place (month, day & year): \_\_\_\_\_

**Person(s) responsible for the alleged action(s):**

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Relationship to you (supervisor, co-worker, other):** \_\_\_\_\_

**Clearly state your complaint**, describing each incident of alleged discrimination/harassment separately.

For each incident, please provide: 1) name of individual(s) who discriminated/harassed, 2) what happened, 3) where it happened, 4) witness names (if any) and 5) why you believe the discrimination/harassment happened. (Attach additional pages as needed)

What would you consider to be a successful or acceptable outcome and/or resolution to your complaint?

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date

CONTACT INFORMATION

**Nyoki Sacramento, Dir.**  
EEO/AA, ADA & Title IX  
UCSF, Box 1249  
Phone: (415) 502-3400  
Fax: (415) 476-6299  
OPHD@ucsf.edu

MAIL COMPLETED FORM TO:

Attn: Nyoki Sacramento  
UCSF Office of Title IX/EEO/AA 3333  
California St., Sublevel 1, Ste.16 San  
Francisco, CA 94143-2149

OR EMAIL TO:

Title9@ucsf.edu  
or  
EEO@ucsf.edu

OR DROP OFF COMPLETED FORM:

Seal complaint in an envelope  
marked "CONFIDENTIAL, Attn:  
Nyoki Sacramento" and deliver  
envelope to Laurel Heights  
campus, Sublevel 1, #16