

DISCRIMINATION/HARASSMENT COMPLAINT FORM

University of California and UCSF policies prohibit sexual violence, sexual harassment, and discrimination or harassment on the basis of race, religion, color, citizenship, national or ethnic origin, ancestry, gender, sex, (including pregnancy, childbirth, breastfeeding or related medical conditions), gender identity, gender expression, gender transition, sexual orientation, physical or mental disability (including having a history of disability or being regarded as disabled), medical condition (cancer-related or genetic characteristics), pre-disposing genetic information (including family medical history), marital status, age (over 40), or veteran or military status. The policies also prohibit retaliation for reporting and/or participating in the complaint resolution processes.

Staff, faculty, student employees, and applicants for employment who believe they may have experienced any of the prohibited conduct outlined above are encouraged to report their concerns to OPHD.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Affiliation: Staff Faculty Student Other

Prohibited Conduct:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Transition | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Violence |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran/Military Status |
| <input type="checkbox"/> Other: _____ | | | |

Person(s) responsible for the prohibited conduct:

Name: _____ Department: _____

Relationship to you (supervisor, co-worker, other): _____

Please describe the prohibited conduct. Use the second page if additional space is needed:

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Continuation of prohibited conduct description:

Email completed form to: ophd@ucsf.edu

If you have additional questions, please email or call (415) 502-3400.