**COMPLAINANT INFORMATION** To remain anonymous, indicate so by writing Anonymous on the line below. Note that this may limit our ability to fully investigate this claim.

Name (Last, First)

Phone Email Address

Title/Position Department

Complainant’s Status *(Check applicable box).*

Staff Academic Student Applicant Other *(Please specify)*

**DETAILS OF COMPLAINT**

**Indicate the ground(s) on which you are making your complaint of discrimination/harassment?**

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

**Person(s) responsible for the alleged action?** *List name(s) of individual(s), their title, telephone number and relationship to you (i.e. Supervisor, co-worker, etc.).*

**To the best of your recollection, on what date(s) did the alleged action(s) take place?**

**Explain why you feel you have been discriminated against or harassed or retaliated against** CHECK IF ADDITIONAL SHEETS ARE ATTACHED

**Were the actions or behavior you are complaining about directed at, or said to,**

you and/or another party (third party harassment) ?

Was the incident reported to anyone? **YES NO**If yes, who and when?

What remedy or resolution are you seeking?

If appropriate, as determined by the Office of Diversity & Inclusion, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution process?  
 **YES NO**

*By signing this complaint form I affirm that, to the best of my knowledge, the information contained herein is true and factual while also establishing consent and release of the above information for the purposes of an investigation. I understand that the completion of this form or the filing of a discrimination, harassment, and/or retaliation complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received in the Office of Diversity & Inclusion. I further understand if I knowingly provid­­e false or fraudulent information in a complaint I may be subject to disciplinary action.*

**Complainant’s Signature Date**

Have you filed a discrimination complaint with the  
 CA Department of Fair Employment & Housing? **YES NO** U.S. Equal Employment Opportunity Commission? **YES NO**

U.S. Department of Agriculture, Office of Civil Rights? **YES NO** U.S. Department of Education, Office for Civil Rights? **YES NO**

**NOTE:**

A victim of discrimination or harassment is encouraged to use the ANR’s internal complaint process. ANR encourages prompt reporting of discrimination, harassment and retaliation claims. Those claims should be brought forward as soon as possible after the alleged conduct occurs. Prompt reporting will better enable the University to respond to the report, provide an appropriate remedy and, take appropriate remedial action. *[continued next page]*

Although the University cannot commit to keeping a complaint of discrimination confidential because of the University’s obligation to investigate the complaint, the University will use its best efforts to only disseminate information concerning the complaint to those with a need to know. Please feel free to contact our office if you have any questions regarding the process for filing or investigating complaints of discrimination, harassment, or retaliation.

Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor Office of Civil Rights, or the California Department of Fair Employment and Housing (inside California, contact the department toll free at 800-884-1684). For information about time limits on filing a charge contact the agency directly.

**Save the completed form** and mail/e-mail/fax/drop-off to:

**Mail/Drop-off:** **E-mail:**  
UC ANR Title IX Coordinator Harassment & Discrimination Assistance and  
Office of Compliance and Policy Prevention Program (HDAPP):  
One Shields Avenue [hdapp@ucdavis.edu](mailto:hdapp@ucdavis.edu)  
Davis, CA 95616  
Phone: 530-750-1343 **Fax:** 530-752-7785

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