
SAN DIEGO STATE UNIVERSITY STUDENT COMPLAINT FORM
for 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: Contact Phone No.:

Campus Address:

Permanent Address:

Red ID Number:

Status: Undergraduate Student Graduate Student Gender: Male Female

Major:

Ethnicity: African American Caucasian Date of Birth:
 American Indian Hispanic/Latino Gender: Male Female
 Asian Other:

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:

Department: Date:

Signature Date

A. Type of Complaint. (Please check all that apply)

Sexual Harassment

Accommodation for Disability

Records Access and/or Disclosure

Discrimination based on:

- | | | | |
|----------------------------------|---------------------------------------|--|------------------------------|
| <input type="radio"/> Age | <input type="radio"/> Gender | <input type="radio"/> Race/Ethnicity | <input type="radio"/> Other: |
| <input type="radio"/> Alienage | <input type="radio"/> Marital Status | <input type="radio"/> Religion | <input type="text"/> |
| <input type="radio"/> Disability | <input type="radio"/> National Origin | <input type="radio"/> Sexual Orientation | |

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*):

Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Address:	<input type="text"/>	Zip:	<input type="text"/>
City/State:	<input type="text"/>	Office Phone No.:	<input type="text"/>
Department:	<input type="text"/>	Position:	<input type="text"/>

Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Address:	<input type="text"/>	Zip:	<input type="text"/>
City/State:	<input type="text"/>	Office Phone No.:	<input type="text"/>
Department:	<input type="text"/>	Position:	<input type="text"/>

Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Address:	<input type="text"/>	Zip:	<input type="text"/>
City/State:	<input type="text"/>	Office Phone No.:	<input type="text"/>
Department:	<input type="text"/>	Position:	<input type="text"/>

Name:	<input type="text"/>	Phone No.:	<input type="text"/>
Address:	<input type="text"/>	Zip:	<input type="text"/>
City/State:	<input type="text"/>	Office Phone No.:	<input type="text"/>
Department:	<input type="text"/>	Position:	<input type="text"/>

E. Witness(es):

Person's Name: Contact Phone No.:

Title: Department:

Person's Relationship to You:

Person's Name: Contact Phone No.:

Title: Department:

Person's Relationship to You:

Person's Name: Contact Phone No.:

Title: Department:

Person's Relationship to You:

F. Summary of complaint. (Please be as detailed as possible when giving names, dates, and places; include phone numbers and addresses, if possible. Use additional paper, if needed.)

G. Action or resolution.

If you believe that you have been the victim of a crime (including assault, sexual assault, or other sexual violence) and you would like to file a criminal complaint, you should contact the San Diego State University Department of Public Safety, 619-594-1991, 5500 Campanile Drive, DPS Building.