**Executive Order 1097  
Attachment A**

**STUDENT COMPLAINT FORM**

Executive Order 1097 provides students a systemwide procedure to file complaints alleging violations of the California State University (CSU) systemwide policy prohibiting Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence or Stalking against students by the CSU, Employees, other Students, or Third Parties. **Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary**.

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|  | Choose an item. | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | CSU Campus | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  | MI |  |
|  | Last Name | | | | | | | | | | | | |  | First Name | | | | | | | | | |  | MI |  |
|  | Click or tap here to enter text. | | | | | | |  | Click or tap here to enter text. | | | | | | | | |  | Click to enter text. | | | | | | | |  |
|  | Work Phone | | | | | | |  | Home Phone | | | | | | | | |  | Cell Phone | | | | | | | |  |
|  | Best time to call: | | | Enter hour | | | |  | AM or PM | | |  | | | | | | | | | | |  | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | | | | |  | Click or tap here to enter text. | | | | | | | | | |  |
|  | Mailing Address | | | | | | | | | | | | | | |  | City | | | | | | | | | |  |
|  | Choose item. |  | Enter text. | | | | | | |  | Click or tap here to enter text. | | | | | | | | | | | | | | | |  |
|  | State |  | ZIP/Postal Code | | | | | | |  | E-mail | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Currently a CSU Student? | | | | | |  | | | |  | | Last CSU Registration Date: | | | | | | | | | | | |  | | |  |
| Currently a CSU Applicant? | | | | | |  | | | |  | | Last CSU Application Date: | | | | | | | | | | | |  | | |  |
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| Was Early Resolution sought? | | | | | | |  | | |  | | | |  | | | | | | | |  | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |  | Enter date | | | | |  |
|  | If yes, with whom | | | | | | | | | | | | | | | | | | | |  | Date | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate the type(s) of complaint being filed: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Discrimination | | | | Harassment | | | | | | | | Retaliation | | | | | | | Sexual Misconduct | | | | | | | |
|  | Dating Violence | | | | Domestic Violence | | | | | | | | Stalking | | | | | | |  | | | | | | | |

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| If you are filing a Discrimination or Harassment complaint, indicate the Protected Status(es) that was/were the basis(es) of the alleged Discrimination or Harassment (Please select all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race/Color | | | | | | | | | Religion | | | | | Sexual Orientation | | | | | Medical Condition | | | | | | |
| National Origin/Ancestry | | | | | | | | | Gender / Sex | | | | | Disability | | | | | Genetic Information | | | | | | |
| Gender Identity/Expression | | | | | | | | | Marital Status | | | | | Military/Veteran Status | | | | | Age | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are filing a Retaliation complaint, indicate the activity(ies) you engaged in that was/were the basis(es) for the alleged Retaliation. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |  | |
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| 1. | | | | Identify the Respondent(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below. Attach additional pages to this form if necessary. | | | | | | | | | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | |  | Click or tap here to enter text. | | | | | |  | Enter text. | | | | | | |  |
|  | Respondent's name | | | | | | | | |  | Relationship/Association w/campus | | | | | |  | Relationship/Association to you | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | |  | Click or tap here to enter text. | | | | | |  | Enter text. | | | | | | |  |
|  | Respondent's name | | | | | | | | |  | Relationship/Association w/campus | | | | | |  | Relationship/Association to you | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | |  | Click or tap here to enter text. | | | | | |  | Enter text. | | | | | | |  |
|  | Respondent's name | | | | | | | | |  | Relationship/Association w/campus | | | | | |  | Relationship/Association to you | | | | | | |  |
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| 2. | | | Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 3. | | | Describe the specific harm you have suffered resulting from the incident(s). | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 4. | | | What did you or others do to try to resolve the issue? What was the outcome? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 5. | | | | Identify individuals who may have observed or witnessed the incident(s) that you described. | | | | | | | | | | | | | | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | |  | MI |  | |
|  | | Last Name | | | | | | | | | | |  | | First Name | | | | | | |  | MI |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Position/Job Title | | | | | | | | | | |  | | E-mail | | | | | | | | |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Telephone | | | | | | | | | | |  | | Cell Phone | | | | | | | | |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | |  | MI |  | |
|  | | Last Name | | | | | | | | | | |  | | First Name | | | | | | |  | MI |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Position/Job Title | | | | | | | | | | |  | | E-mail | | | | | | | | |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Telephone | | | | | | | | | | |  | | Cell Phone | | | | | | | | |  | |
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| 6. | | | Do you have any documents or electronic communications (including text messages or email) that support your complaint? | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | (Please list and attach a copy) | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 7. | | | Do you have any physical evidence (such as photographs, videos, blood tests or rape kits) that support your complaint? (Please describe.) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| 8. | | | Describe the outcome(s) you expect from filing your complaint. Be as specific as possible. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  | |
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| You may elect to have an Advisor present at meeting(s) and/or interview(s) which may be a Sexual Assault Victim’s Advocate. If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meeting(s) and/or interview(s) regarding this complaint. The role of the Advisor is limited to observing and consulting with you. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | If you will be accompanied by an Advisor, please provide the name and telephone number. | | | | | | | | | | | | | | | | | | | | | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | |  | MI |  | |
|  | | Last Name | | | | | | | | | | |  | | First Name | | | | | | |  | MI |  | |
|  | | Click or tap here to enter text. | | | | | | | | | | |  | | Click or tap here to enter text. | | | | | | | | |  | |
|  | | Telephone | | | | | | | | | | |  | | Cell Phone | | | | | | | | |  | |
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| **CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the information given in this complaint is true and correct to the best of my knowledge or belief | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print name of Student | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |  |  | | |  | |
| Signature of Student | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Date | Enter date | | |  | |
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| **For University Use Only:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Complaint Received | | | | | | | Enter date | | | | | Signature | | | |  | | | | | | | |  | |
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