University of San Diego
Internal Complaint Form

In accordance with University Policy 2.2.2 and the 2020 Title IX and Sexual Harassment Grievances Procedures, the University of San Diego (USD) is committed to providing an educational and employment environment that is free from discrimination based on protected characteristics, harassment, and retaliation for engaging in protected activity. If you are experiencing any such conduct in the workplace, please complete this internal discrimination complaint form for review.

Please return the completed form via email to titleix@sandiego.edu. If you would like to submit the form in person, please stop by the Human Resources Department front desk in Maher Hall 101, Monday through Friday between 9 a.m. and 4:30 p.m. Thank you for your submission.

Name _____ Phone # _____

Banner ID # _____ Email _____

EMPLOYMENT INFORMATION (IF APPLICABLE):

Job Title _____ Department _____ Phone _____

Supervisor's Name/Title _____ Phone _____

COMPLAINT TYPE (SELECT ALL THAT APPLY):

☐ Discrimination ☐ Harassment ☐ Retaliation ☐ Sexual Exploitation ☐ Sexual Assault

☐ Dating Violence ☐ Domestic Violence ☐ Stalking ☐ Sexual Harassment (Quid Pro Quo)

☐ Sexual Harassment (Hostile Work Environment)

BASIS OF DISCRIMINATION OR HARASSMENT (ACTUAL OR PERCEIVED PROTECTED CLASS):

☐ National Origin ☐ Ancestry ☐ Disability ☐ Race ☐ Pregnancy ☐ Age

☐ Gender/Sex ☐ Gender Identity ☐ Gender Expression ☐ Sexual Orientation

☐ Genetic Information ☐ Religion ☐ Military/Veteran Status ☐ Family or medical leave

☐ Other (Please Specify): _____

AS A RESULT, I WAS (FOR EMPLOYMENT BASED CONCERNS CHECK THOSE THAT APPLY):

☐ Terminated
☐ Laid Off
☐ Forced to Resign
☐ Suspended
☐ Reprimanded
☐ Other (Please Specify): _____

☐ Denied Employment
☐ Denied Promotion
☐ Denied Transfer
☐ Denied Reinstatement
☐ Denied Reasonable Accommodation

☐ Harassed (based on protected class)
☐ Inequitable Pay
☐ Demoted
☐ Discipline

Human Resources Department
Title IX/EEO Office
Maher Hall 101, 5998 Alcala Park, San Diego, CA 92110
titleix@sandiego.edu • (619) 260-4594

REPORTING:

Have you reported this matter to a supervisor, Public Safety, the Human Resources Department, etc.? If yes, when and to whom did you report it? (List name, title, date of reporting):

_____

_____

_____

_____

COMPLAINT FILED AGAINST:

Name _____ **Phone #** _____

Job Title (if applicable) _____ **Department (if applicable)** _____

Name _____ **Phone #** _____

Job Title (if applicable) _____ **Department (if applicable)** _____

PROSPECTIVE WITNESSES:

Name _____
Phone # _____
Email Address _____
Job Title (if applicable) _____

Name _____
Phone # _____
Email Address _____
Job Title (if applicable) _____

Name _____
Phone # _____
Email Address _____
Job Title (if applicable) _____

Name _____
Phone # _____
Email Address _____
Job Title (if applicable) _____

NATURE OF COMPLAINT:

1) Please state the nature of your complaint, involving the date, time, place, witnesses, individual(s) involved, circumstances surrounding the complaint, and additional pertinent information. If more space is needed, you may attach additional pages.

2) Please detail any evidence (statements or documents) which would help prove what you are alleging.

3) For employment-based concerns, list the names and job titles of those persons who were treated 1) the same, 2) more favorably, or 3) less favorably than you. For each individual listed, identify which applied (1, 2, or 3), and why.

4) REMEDY REQUESTED (OPTIONAL). What solutions or corrective actions are you requesting?

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ **Date** _____