

PPSM 70 COMPLAINT FORM

I. COMPLAINANT

First Name:	Last Name:	Middle Initial	Employee ID:	Position No.:
Position Title:	Department:	Email:		Phone:

II. SUPERVISOR

Last Name: _____	First Name: _____
Phone: _____	Email: _____

III. STATEMENT

Please attach a statement (including your name, employee ID and date) detailing:

- 1) The specific management act(s) that gave rise to your complaint that you would like to be reviewed;
- 2) When the act(s) occurred (or when you became aware of such act(s));
- 3) How your terms and conditions of employment were adversely affected.

If you are alleging that the act(s) violated policy, please also include the following in your statement:

- 1) The section(s) and specific provision(s) of the policy or policies alleged to have been violated;
- 2) How the act(s) violated each of those provisions.

Providing the following information in your statement can help the University process your complaint more efficiently:

- 1) Any attempts you have made to resolve the issue informally, including the dates of such attempts, and the name(s) of the person(s) contacted;
- 2) Names of any witnesses that observed any actions.

IV. REMEDY

Please describe your requested remedy

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Last Name: _____	First Name: _____	
Date: _____	Employee ID: _____	Position Number: _____

V. COMPLAINT TYPE

Does your complaint relate to discrimination, harassment, retaliation, and/or requesting a reasonable accommodation?

Please check either YES or NO:

YES

Check all that apply then proceed to Section VI:

Discrimination
 Harassment
 Retaliation
 Reasonable Accommodation

NO

Proceed to Section VII

VI. ADDITIONAL INFORMATION REGARDING DISCRIMINATION, HARASSMENT, RETALIATION, AND/OR REASONABLE ACCOMMODATION COMPLAINTS

(complete only if you checked YES in response to Section V)

Employees who believe they may have been discriminated or retaliated against as a result of opposing discrimination or requesting a reasonable accommodation have the option of either filing a PPSM 70 Complaint or filing a formal complaint directly with the Office for Diversity, Equity, and Inclusion (ODEI).

This means that complainants cannot file a PPSM 70 complaint and a complaint with ODEI on the same set of issues at the same time. For more information about filing a complaint with ODEI, please visit diversity.ucsc.edu or call (831) 459- 3676 and see our local procedures.

ONLY COMPLETE THE FOLLOWING IF your allegations relate to discrimination, harassment, retaliation, and/or reasonable accommodation and you have elected not to contact ODEI.

A. If you are alleging harassment or discrimination, please answer the following questions in your statement (including your name, employee ID and date):

(1) What protected characteristic(s) do you believe were the basis for your complaint of harassment or discrimination?

For example, if you feel you were discriminated against because of your race, you should write "race" in your statement. Protected characteristic(s) include age, race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, and military or veteran status.

(2) Why do you believe your protected characteristic(s) were a reason the employment action was taken against you?

B. If you are alleging retaliation, please answer the following questions in your statement (including your name, employee ID and date):

(1) What protected activity did you engage in that you believe lead to retaliation against you? (EG: reporting illegal conduct, refusing to engage in illegal conduct, filing a complaint, reporting fraud, participating as a witness in an investigation, opposing discrimination, requesting a reasonable accommodation)



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Last Name: _____		First Name: _____
Date: _____	Employee ID: _____	Position Number: _____

VI. ADDITIONAL INFORMATION REGARDING DISCRIMINATION, HARASSMENT, RETALIATION, AND/OR REASONABLE ACCOMMODATION COMPLAINTS (continued)

(2) Why do you believe that the protected activity that you engaged in was a reason for the employment action taken against you?

C. If you are alleging failure to provide a reasonable accommodation, please answer the following questions:

(1) Do you have a condition that you believe requires reasonable accommodation? Please answer "YES" or "NO" below. We are not requesting your diagnosis or any further explanation in your statement

Yes

No

(2) Have you asked for a reasonable accommodation for this condition?

Yes

No

(3) If you have asked for a reasonable accommodation for this condition, please explain the following in your statement:

- a. What reasonable accommodation did you request and how did you request it?
- b. What was the University's response?
- c. Why do believe this was a failure to provide reasonable accommodation?

(4) If you have not asked for a reasonable accommodation, please explain why you are alleging that the University failed to provide you with a reasonable accommodation.

VII. COMPLAINANT'S SIGNATURE

_____ **Date:** _____

FOR STAFF HUMAN RESOURCES ONLY:

Complaint Filing Number _____ Date Received: _____

Admissable Needs Revision Untimely