

Staff Human Resources – Employee and Labor Relations

I. COMPLAINANT

First name:	Last name:	Middle Initial:	Employee ID:
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) which University policy was violated, including the specific sections of such policy;
- (2) the specific management act(s) that gave rise to your complaint;
- (3) when the act(s) occurred (or when you became aware of such act(s));
- (4) how the act(s) violated the specified University policy;
- (5) how your current terms and conditions of employment were adversely affected
- (6) your informal resolution attempt(s), including the dates of such attempts, and the name(s) of the person(s) contacted;
- (7) names of any witnesses that observed any actions.

IV. REMEDY

Please describe your requested remedy.

PPSM 70 COMPLAINT FORM – PAGE 2

<i>Last name:</i>	<i>First name:</i>
<i>Date:</i>	<i>Employee ID:</i>

V. COMPLAINT TYPE

Are you alleging a violation of PPSM 12 – Nondiscrimination in Employment, Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff employment, or PPSM 81 – 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 VIII

VI. PPSM 12 (complete only if you checked YES in response to Section V)

Staff who believe they may have been discriminated or retaliated against for opposing discrimination or requesting a reasonable accommodation are strongly encouraged to consult with and if appropriate file a formal complaint directly with the Office for Diversity, Equity, and Inclusion (ODEI), where staff are available to investigate and attempt to resolve the complaint. For more information about filing a complaint with ODEI, please visit diversity.ucsc.edu or call (831) 459- 3676.

Based on your allegation you have a choice on how to proceed. You may do either of the following:

Option A: File a complaint directly with the Office of Diversity, Equity, and Inclusion (“ODEI”) to investigate the charges of discrimination, harassment, and/or retaliation.

Option B: File a complaint using the PPSM 70 process. Should you proceed with this process, your complaint will move through the PPSM process. Should you choose this option, please note the 30-day timeline for filing a claim.

Please select an option:

A (please contact the Office for Diversity, Equity, and Inclusion)

B (please proceed to Section VII)

PPSM 70 COMPLAINT FORM – PAGE 3

<i>Last name:</i>	<i>First name:</i>
<i>Date:</i>	<i>Employee ID:</i>

VII. STATEMENT *(complete only if you checked Option B in Section VI)*

PLEASE NOTE: FAILURE TO PROVIDE THE INFORMATION REQUESTED BELOW WILL RENDER YOUR COMPLAINT INELIGIBLE FOR PROCESSING.

If you are alleging harassment or discrimination, please attach a statement (including your name, employee ID and date) detailing:

(1) The employment action taken against you (EG: disciplinary action, termination, suspension, transfer, layoff, reduction in salary, demotion).

(2) Your protected status relevant only to your complaint: Choices include one or more of the following: race, color, national origin, religion, sex, gender, gender expression, gender identity, sex stereotype, 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, status as a protected veteran or service in the uniformed services.

(3) Why you believe the employment action taken against you was because of, in whole or in part, your protected status(es)?

If you are alleging retaliation, please attach a statement (including your name, employee ID and date) detailing:

(1) The employment action taken against you (EG: disciplinary action, termination, suspension, transfer, layoff, reduction in salary, demotion).

(2) The protected activity you engaged in (EG: reporting illegal conduct, refusing to engage in illegal conduct, filing a complaint, reporting fraud, participating as a witness in an investigation).

(3) Why you believe the employment action taken against you was because of, in whole or in part, your participation in a protected activity?

If you are alleging failure to provide a reasonable accommodation, please attach a statement (including your name, employee ID and date) detailing:

(1) That you have a condition requiring medical accommodation (only as relevant to your complaint).

(2) The action you took to request an accommodation.

(3) The University's response to your request and why you believe this was a denial of a reasonable accommodation.

VIII. COMPLAINANT'S SIGNATURE:

DATE:

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FOR STAFF HUMAN RESOURCES ONLY:

Complaint Filing Number: _____	Date Received: _____	
<input type="checkbox"/> Admissible	<input type="checkbox"/> Needs Revision	<input type="checkbox"/> Untimely