



Discrimination Complaint Form (including sexual harassment)

USC Office of Equity and Diversity
(213) 740-5086
Mail Code 0704

Office Location

University Park Campus
Credit Union Building, 2nd floor

To file a complaint with the university, please complete and bring this form in person to the Office of Equity and Diversity or call our office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the Office of Equity and Diversity to schedule an appointment.

Although the university cannot commit to keeping a complaint of discrimination confidential because of the university's obligation to investigate the complaint, the university will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our office if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Discrimination Complaint Form

When the form has been completed and signed, and then signed by authorized staff in the Office of Equity and Diversity, your complaint has been properly received and noted by the university. We will provide you with a copy of this form as well as complete information about the discrimination complaint process.

The Office of Equity and Diversity investigates complaints by faculty, staff, applicants and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to issues that have protected class status. The office represents the university to government agencies on those same matters.

What is protected class status?

Protected class status is acquired by persons or behavior protected by applicable laws and governmental regulations at the federal, state and local levels which prohibit discrimination, or which mandate that special consideration be given, on the basis of race, religion, national origin, gender, age, veteran status, disability, sexual orientation, or any other characteristic which may from time to time be specified in such laws and regulations.

Special protections for employees are also available concerning family care leave or its denial, pregnancy disability or its denial, or retaliation for complaints related to any protected class.

If you are unsure about the protected class status of your complaint, please feel free to call the Office of Equity and Diversity. If your complaint is not one which our office handles, we will refer you to the appropriate office for assistance.

Check one

- | | | |
|---|--|---|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employment Applicant | <input type="checkbox"/> Student Applicant | <input type="checkbox"/> Other Explain: _____ |

Name _____

Department/Company _____

Work Telephone _____ Home Telephone _____

Work Address _____

City _____ State _____ ZIP Code _____

Home Address _____

City _____ State _____ ZIP Code _____

Employee I.D. _____ Student I.D. _____

Name of Your Supervisor _____ Supervisor's Telephone _____

Have you brought this matter to the attention of any other department(s) at the university? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

Type of Complaint

Check one or more

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion | <input type="checkbox"/> Other Explain: _____ |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Retaliation | _____ |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Harassment | _____ |

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe discriminated against you and why you have contact with them, e.g. supervisor, co-worker, faculty, customer.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)

1.	Relationship	Telephone
2.	Relationship	Telephone
3.	Relationship	Telephone

I certify the aforementioned is true and correct.



Your signature

Date

For the USC Office of Equity and Diversity

Complaint taken by

Signature

Print Name

Date

USC Office of Equity and Diversity

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A victim of discrimination or harassment is encouraged to use the university's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor Office of Civil Rights, or the California Department of Fair Employment and Housing (Inside California, contact the department toll free at 800-884-1684; Sacramento area and outside California 916-227-0551; TTY number 800-700-2320)