



SAN DIEGO GLOBAL KNOWLEDGE UNIVERSITY
UNLAWFUL HARASSMENT AND DISCRIMINATION COMPLAINT

Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary.

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell

Was Early (Informal) Resolution sought? ☐ Yes ☐ No

If yes, with whom: _____ Date: _____

Indicate the type(s) of complain being filed:

- ☐ Discrimination ☐ Harassment ☐ Retaliation
☐ Sexual Misconduct ☐ Dating Violence ☐ Stalking

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):

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Origin/Ancestry | <input type="checkbox"/> Gender/Sex | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Age | <input type="checkbox"/> Military/Veteran Status |

Student Name: _____

Date: _____

☐ Gender/Identity/Expression ☐ Medical Condition ☐ Genetic Information

If you are filing a Retaliation complaint, indicate the activity(ies) you engaged in that was/were the basis(es) for the alleged Retaliation.

1. Identify the Respondent(s) against whom your complaint is made. For each respondent, provide the identifying information requested. Attach additional pages to this form if necessary.

Respondent(s) Name: _____

Relationship/Association with the campus: _____

Relationship/Association to you: _____

Student Name: _____

Date: _____

Respondent(s) Name: _____

Relationship/Association with the campus: _____

Relationship/Association to you: _____

Respondent(s) Name: _____

Relationship/Association with the campus: _____

Relationship/Association to you: _____

2. Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint. Attach additional pages to this form, if necessary.

3. Describe the specific harm you have suffered resulting from the incident(s). Attach additional pages to this form if necessary.

Student Name: _____

Date: _____

4. What did you or others do to try to resolve the complaint? What was the outcome?

5. Identify the individuals who may have observed or witnessed the incident(s) that you described. Attach additional pages to this form if necessary.

Last Name: _____ First Name: _____ MI: _____

Position/Job Title: _____

Email: _____

Telephone: _____ ☐ Work ☐ Cell ☐ Home

Last Name: _____ First Name: _____ MI: _____

Position/Job Title: _____

Email: _____

Telephone: _____ ☐ Work ☐ Cell ☐ Home

Student Name: _____

Date: _____

6. Do you have any documents or electronic communications (Including text and/or email) that supports your complaint? ☐ Yes ☐ No (Please list and attach a copy)

7. Do you have any physical evidence (such as photographs, videos, blood tests or rape kits) that supports your complaint? (Please describe).

8. Describe the outcome(s) you expect from filing your complaint. Be as specific as possible.

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, provide the name and telephone number.

Student Name: _____

Date: _____

Last Name: _____ First Name: _____ MI: _____

Telephone: _____ ☐ Work ☐ Cell ☐ Home

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: _____ Date: _____

Signature of Student: _____ Date: _____

SDGKU Use Only: Date Complaint Received: _____ Signature: _____
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