The UCLA SAAO Commitment during the Complaint Investigation Process

The Staff Affirmative Action Office (SAAO) at UCLA is committed to providing an office environment that is supportive and comfortable for you to discuss your concerns regarding individual treatment in the workplace, equal employment opportunity, and diversity. Every effort will be made to ensure the fair and equal treatment of all involved parties during the complaint investigation process.

During the complaint investigation process, and in accordance with existing policies and laws, the SAAO will make every reasonable effort to protect the privacy of all parties involved in the investigation, and to keep the information confidential to the extent required by law. However, the SAAO cannot guarantee that all information will remain confidential.

Complaints should be filed no more than one year from the date of the alleged incident(s). If you decide to file a complaint, the SAAO will:

- Walk you through the complaint process
- Ask you to provide a signed, written statement about the incident(s)
- Provide an opportunity for you to identify witnesses or individuals who will support your claim
- Investigate your complaint
- Keep you informed of the progress of the investigation
- Advise you of the outcome of the investigation
- Direct the findings of the investigation to appropriate University personnel for review and appropriate action

The University prohibits retaliation against individuals who file complaints or participate in the complaint investigation process. The SAAO will investigate retaliation complaints and report the findings to appropriate University personnel for review and applicable action. If you feel that you have been retaliated against for filing a complaint of discrimination or otherwise participating in a discrimination or harassment-related complaint investigation process, please contact the Staff Affirmative Action Office at (310) 794-0691.

The UCLA Staff Affirmative Action Office
INSTRUCTIONS FOR COMPLETING THE PDF FORM:
Print the form. Upon completion of the form, sign it and mail or fax it to the address below. “Today’s Date” refers to the date that you complete the form.

A. FILING A DISCRIMINATION COMPLAINT
It is the policy of the University of California not to engage in discrimination or harassment of any person employed by or seeking employment with the University on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age (age 40 or older), sexual orientation, citizenship, or service in the uniformed services. If you feel that you have been subjected to discrimination or harassment by your supervisor, co-worker(s), or anyone in the workplace, based on any of the above protected bases, please complete the following form and mail or fax it to the Staff Affirmative Action Office (see address and fax number below). Your complaint should be filed no more than one year from the date of the alleged incident(s).

(1) Name of Complainant: The name of the person who is filing the complaint

(2) Status: Indicate whether you are a staff, academic, or student employee, a student, an applicant, former employee, or if you have another affiliation with UCLA

(3) Complainant’s Department: If you are an employee, the department in which you work; if you are a former employee, the department in which you worked

(4) Contact Information: Provide the phone number(s), email and mailing address where you can be reached

(5a) Select the basis for which you feel you have been subjected to discrimination, harassment, or retaliation:
Age: 40 years or older
Ancestry: Any
Citizenship: Citizens and non-citizens
Disability: Actual or perceived physical or mental disability, including HIV and AIDS
Gender identity: Individuals whose perceived gender characteristics are different from those traditionally associated with the individual’s sex at birth
Marital status: Married or single, divorced, separated, widowed
Medical condition: Cancer-related condition or genetic characteristics
Genetic Information: Prohibits the use of genetic information in employment and the intentional acquisition of genetic information about applicants, employees, and employed family members (including family medical history)
National Origin: Including language-use restrictions
Race or Color: Includes complexion, color of skin, eyes or hair
Religion: All aspects of religious observance or practices, beliefs, or non-beliefs
Sex: Gender (includes pregnancy discrimination)
Pregnancy: Pregnancy, childbirth, or related medical conditions
Sexual orientation: Actual or perceived sexual preference
Service in the Uniformed Services or Covered Veterans: includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services; veterans with disabilities, recently separated veterans, Vietnam era veterans, veterans who served on active duty in the U.S. Military, Ground, Naval or Air Service during a war or in a campaign or expedition for which a campaign badge has been authorized, or Armed Forces service medal veterans

(5b) Sexual Harassment: If you feel that you have been sexually harassed, please check YES

(6) Date(s): (month, day and year): Dates of alleged incident(s) of discrimination/harassment/retaliation

(7) Complaint: Be as specific as possible. Include the following information: name of individual(s) who discriminated against you, what happened, and why you believe the discrimination was related to any basis listed in section 6 (race, color, etc…). If you have any witnesses, please provide contact information. Attach additional sheets if necessary.

(8) Grievance: If you have filed a grievance with UCLA Campus/Health System Human Resources, Employee/Labor Relations or your Union, check “yes” and provide the date you filed.

(9) Government Agency: If you have filed a complaint with a government agency (DFEH, EEOC, etc…), check “yes”, the agency with which you filed, and provide the date you filed.

(10) Resolution: What actions will resolve your complaint (e.g. training opportunity, cease the alleged behavior, etc)?

(11) Signature: Sign and mail or fax the completed FORM to the address below.

Attach any additional documentation which supports your claim of discrimination/harassment/retaliation. Your complaint should be filed no more than one year from the date of the alleged incident(s). Information and assistance in completing this Complaint Form may be obtained from the Staff Affirmative Action Office.
1. Name of Complainant: __________________________________________

2. Check one:
   - [ ] Staff Employee
   - [ ] Academic Employee
   - [ ] Student Employee
   - [ ] Former Employee
   - [ ] Student
   - [ ] Applicant
   - [ ] Other: ____________________________

3. Complainant’s Department (if employed at UCLA): ____________________________

4. Contact Information: Phone(s): ____________________________ E-mail: ____________________________
   Mailing Address: __________________________________________

5. a. I believe I was subjected to [ ] discrimination [ ] harassment [ ] retaliation because of my:
   - [ ] Race
   - [ ] Disability (physical or mental)
   - [ ] Citizenship
   - [ ] Color
   - [ ] Sexual Orientation
   - [ ] Marital Status
   - [ ] Age (40 and over)
   - [ ] Sex (Gender)
   - [ ] National Origin/Ancestry
   - [ ] Gender Identity
   - [ ] Service in the Uniformed Services or Covered Veterans
   - [ ] Pregnancy
   - [ ] Religion
   - [ ] Medical Condition (cancer-related or genetic characteristics)
   - [ ] Genetic Information (including family medical history)
   - [ ] Other (please specify) ____________________________

   b. I believe I have been Sexually Harassed [ ] Yes [ ] No

6. Date(s) of alleged discrimination/harassment/retaliation: ____________________________

7. State your complaint: (attach additional sheets if necessary; you do not have to hit RETURN, the sentence will wrap)
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

8. a. If you are a UCLA employee, have you filed a grievance with UCLA? [ ] Yes [ ] No

   b. If yes, please provide date you filed grievance: ____________________________

9. a. Have you filed a complaint with a government agency regarding this situation? [ ] Yes [ ] No

   b. If yes, please indicate agency name and date complaint was filed: [ ] DFEH [ ] EEOC [ ] Other: _____________
   Date Filed: ____________________________

10. What would you consider to be a successful or acceptable outcome/resolution to your complaint?
    __________________________________________
    __________________________________________
    __________________________________________
    __________________________________________

11. Signature: __________________________________________ Date: ____________________________

Complaints should be filed no more than one year from the date of the alleged incident(s).

Please MAIL or FAX completed form to:
UCLA Staff Affirmative Action Office, 10920 Wilshire Boulevard, Suite 1050, Los Angeles, CA 90024
FAX on-campus: x42800; off-campus: 310.794.2800

For SAAO use only: Received SAAO Assigned to

6/29/2010