

SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION

COMPLAINT FORM

This form may be used to report any concerns or complaints, or concerning alleged discrimination or harassment which involves Research Foundation employees, including staff, students, or volunteers, or any such incidents that occur involving anyone in Research Foundation programs.

The employee is asked to submit their complaint, in writing, to Research Foundation HR.

Complaints or concerns about or from students, employees or non-employees of the Research Foundation, are also reported to SJSU senior AVP, Title IX, and VPRI. Investigation of this complaint will be undertaken in as objective a manner as possible, within as prompt and reasonable time as can be conducted, given the circumstances. Affected parties will be notified appropriately of the results.

In order to be able to fully assess and investigate your allegations, it is critical that you provide as much information and detail about your allegations, including names of witnesses, and copies of all relevant documents.

ONCE THIS FORM IS COMPLETED, please deliver, or mail this completed form to: Confidential Complaint, HR Director, 210 North 4th Street, 3rd Floor, San Jose, CA 95112. You may also scan and e-mail this form directly to research-foundation-compliance@sjsu.edu.

COMPLAINANT'S INFORMATION (If you are submitting an anonymous complaint, leave this section blank):

Your Name (First, Last)	Your Employer
Your Department	Your Position
Your Work Phone ()	Your Home or Cell Phone ()

THE PERSON OR PERSONS ABOUT WHOM YOU ARE COMPLAINING:

Please list each person separately. Attach separate sheets if necessary.

Name of Subject # 1 (First, Last)	Their Employer
Their Department	Their Position
Their Work Phone ()	

Please describe the conduct, action (s), or activity (ies) that you are complaining about in as much detail as you know or are aware of about the aforementioned. Be sure to include relevant dates, times, locations, and activity (ies), and how or why you became aware. Attach separate sheets as you deem necessary.

DO YOU HAVE NAMES OF ANY WITNESS OR WITNESSES? If yes, please note them below:

Witness # 1 (First, Last)	Their Employer
Their Department	Their Position
Their Work Telephone ()	

► IF YOU HAVE EVIDENCE SUCH AS DOCUMENTS, FILES, MESSAGES, PICTURES, ETC. THAT CAN CORROBORATE YOUR ALLEGATIONS, please make sure to attach copies of all such documents to this complaint form for review and consideration.

Signature: _____

Date: _____