



Disability Discrimination Complaint Form For Use By Community Members

In accordance with California State University (CSU) Executive Order 926, the policy of the CSU is to make its programs, services, and activities accessible to students, faculty, staff, and the general public who visit or attend a campus-sponsored event, with disabilities. This policy is in accordance with applicable state and federal laws including, but not limited to, the ADA, 42 U.S.C. § 12101 et seq.; Sections 504 and 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794 et seq.; and applicable state laws, including but not limited to the California Fair Employment and Housing Act (FEHA), Government Code § 12940 et seq. and Education Code §§ 67302 and 67310-13.

Return form to ADA Coordinator at ARC, CSU, Chico, 400 W. 1st Street Chico, CA 95929-0726.

If you have difficulty completing this form, contact the ADA Coordinator at 530-898-5959 or e-mail ada-request@csuchico.edu

Please Provide All Requested Information

Name:	Date:
Address:	Home Phone:
	Other Phone:
E-mail:	

Identify the dates that the alleged discrimination took place:

Earliest date:	Latest date:
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Complaint Details:

Please be as specific as you can, identifying the name(s) of the alleged perpetrator(s) and any participants; CSU, Chico policies that have been violated and the nature of the violation(s); a detailed description of the factual events (discrimination, harassment, or retaliation) giving rise to your complaint; the specific harm resulting from the violation of the CSU, Chico policies; if an investigation was conducted, why you were dissatisfied with the outcome. (Text boxes will auto expand to fit text as needed.)

1. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary.

2. To whom have you gone for resolution of the complaint? What did you or others do to try to resolve the complaint? What was the outcome?

3. Identify others who may have observed or witnessed the incident(s) that you described:

Name:	Address:	Telephone:	Position:
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[±] []
[±] []
[±] []
[±] []

4. Identify others you believe may have experienced the same situation.

Name:	Address:	Telephone:	Position:
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[±] []
[±] []
[±] []
[±] []

5. Do you have any documents that support your allegation? (Please list and attach a copy.)

6. Describe how you would like the complaint to be resolved. Be as specific as possible.

7. If you are to be represented, provide the name, address and telephone number of your representative.

Complaint Signatures:

To the best of my knowledge, the information I have submitted is accurate.

Print Name:

Signature: _____

Date