



Disability Discrimination Complaint Form For Use By Community Members

In accordance with California State University (CSU) Executive Order 1111, the policy of the CSU is to make its programs, services, and activities accessible to students, faculty, staff, and the general public with disability who visit or attend a campus-sponsored event. 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.

Completed forms may be emailed to the ADA Coordinator in Accessibility Resource Center (ARC) at ada-request@csuchico.edu or mailed to Accessibility Resource Center at California State University, City, 400 W. 1st Street Chico, CA 95929. If you have difficulty completing this form, contact ARC at 530-898-5959 or email ada-request@csuchico.edu to request assistance.

Please Provide All Requested Information	
Name:	Date:
Address:	Home Phone:
	Other (Cell/Work) Phone:
Email:	

Identify the dates the alleged discrimination took place:	
Earliest date:	Latest date:

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, and why you were dissatisfied with the outcome. Attach additional pages if necessary.

1. Describe the nature of your complaint, the incident(s), dates(s), and place(s).
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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?
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3. Identify others who may have observed or witnessed the incident(s) you described. Attach additional pages if necessary.

Name:	Address:	Telephone:	Position:

4. Identify others you believe may have experienced the same situation. Attach additional pages if necessary.

Name:	Address:	Telephone:	Position:

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 _____