

**DISCRIMINATION PREVENTION OFFICE**  
*OFFICE OF EQUITY, DIVERSITY AND INCLUSION*

**COMPLAINT PROCEDURES INFORMATION**

The Discrimination Prevention Office (DPO) is a part of the Office of Equity, Diversity and Inclusion, which is housed within the Chancellor's Organization. DPO is a neutral office charged with investigating complaints of discrimination, harassment, and bias. DPO also investigates complaints of retaliation related to such conduct. DPO accepts complaints brought by students, staff and faculty (the Complainant) against faculty members (the Respondent).

For discrimination or related complaints against a student, contact the **Dean of Students' Office at (310) 825-3894**. For complaints against staff, contact the **Staff Diversity & Compliance Office at (310) 794-0691**. For all complaints against students, staff or faculty concerning sexual harassment, sexual assault or gender discrimination (including discrimination based on sex, gender expression, gender identity, or sexual orientation), contact Jessica Price, **Interim Title IX Coordinator and Sexual Harassment Prevention Officer, at (310) 206-3417**.

This packet contains information and a complaint form for initiating the complaint process. It is important that your complaint be placed in writing before you meet with a Discrimination Prevention Officer. After submitting your complaint, you will be scheduled for an intake interview to discuss your complaint in more detail.

DPO is a neutral office that does not represent the Complainant or the Respondent. Investigators are not advocates and do not provide support or counseling.

Confidentiality will be protected and honored to the greatest extent possible. DPO may need to disclose some information about the complaint in order to conduct a thorough investigation and to give individuals a fair opportunity to respond to allegations against them. Efforts are made to protect the privacy of all individuals throughout all phases of the complaint process, but complete confidentiality cannot be guaranteed once a complaint is filed or unlawful behavior comes to DPO's attention.

If you have any questions, please contact the **Discrimination Prevention Office at (310) 794-1232 or [dpo@equity.ucla.edu](mailto:dpo@equity.ucla.edu)**.

Sincerely,

Dion Fontaine Raymond, JD  
Discrimination Prevention Officer &  
Discrimination Prevention Coordinator

Lillie Hsu, JD  
Discrimination Prevention Officer

## COMPLAINT FORM

**UCLA DISCRIMINATION PREVENTION OFFICE**  
**2255 MURPHY HALL, BOX 951405**  
**LOS ANGELES, CA 90095-1405**  
**TEL: (310) 794-1232 FAX: (310) 825-9105**  
**EMAIL: dpo@equity.ucla.edu**

**You may type directly into this form.**

1. Name:

2. Address:

Street

City

Zip

3. Contact Information:

Home:

Cell:

Work:

Email address:

4. Demographic Information:

Age:

Race:

Ethnicity:

Gender:

5. I prefer to be contacted at:  Home  Work  Cell  Email

My status is:  Faculty  Student  Staff  Applicant

Other (please explain):

6. Title:

7. Department Name:

8. Department Address:

9. How did you hear about our office?

10. Did you try to resolve this matter informally, such as through mediation, discussing it with a supervisor, Human Resources, Ombuds Office, etc.? If so, whom did you contact and what were the results? Please provide as much information as possible, such as dates of contact, names, titles, and offices of those involved. Use additional sheets if necessary and attach via email with the complaint.

11. Would you like to try mediation or another form of informal complaint resolution?

Yes  No

12. Have you filed a grievance with UCLA relating to this matter?  Yes  No

a. If yes, with whom?

b. Date you filed the grievance:

c. What was the outcome?

13. Are you a member of the Academic Senate?  Yes  No  I don't know

14. Are you a member of a union and/or represented by a collective bargaining unit?

Yes  No

15. If yes, name the bargaining unit.

16. Name(s) of the person(s) who you believe engaged in discriminatory, harassing, biased and/or retaliatory behavior:

17. Basis of Complaint:

Pregnancy  Medical Condition (*cancer-related or genetic characteristics*)

Retaliation (*for complaining about discrimination or harassment*)

Service in the Uniformed Services (*as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 as well as state military and naval service*)

\*Race  \*Color  \*Citizenship  \*National Origin

\*Ancestry  \*Religion  \*Veteran Status  \*Age  \*Genetic Information

\* Please specify:

18. Describe in detail the event(s) on which you base your complaint, including: date(s), place(s), person(s) involved, witness(es), what happened, words used (state whether you are quoting directly or paraphrasing), etc. Be sure to include details to support each category you checked as a basis for your complaint. If it is not obvious, also explain what leads you to believe the conduct was discrimination, harassment, bias or retaliation. Use additional sheets if necessary (please use 12-point or larger font size). Attach any documentary evidence, including email printouts, memoranda, job descriptions, notes, etc.

19. What would you like to happen as a result of your complaint?

20. Do you have any specific suggestions about how this situation might be improved or prevented in the future?

I certify that the information I have provided in this complaint form is true to the best of my knowledge. I authorize the release of copies of any documents from my personnel file, or other pertinent documentation, to DPO. I also authorize DPO to contact the person(s) named in this complaint.

I understand that the information I have provided in this complaint may be shared with the respondent.

**I Accept. \*Electronic Signature Agreement.** *By selecting the "I Accept" button, you may sign this Form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Form.*

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Signature (Type your name here. *\*You may also print and sign.*) Date

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*For the UCLA Discrimination Prevention Office*

**Complaint taken by:**

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Signature Printed Name Date

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply personal information:

1. UCLA's Discrimination Prevention Office is requesting the information on this form based on authority granted by the Chancellor.
2. Information provided on this form will be used to investigate complaints.
3. The officials responsible for maintaining the information supplied on this form are the Discrimination Prevention Officers.
4. You are entitled to be informed of the location of this record and the categories of any persons who use the information contained in it. To request such information, contact the Discrimination Prevention Office.
5. You are not required to provide the information requested on this form. However, failure to provide certain information may limit our office's ability to conduct a thorough investigation.
6. Information supplied on this form will be given to government agencies responsible for enforcing civil rights laws if these agencies request such information.
7. Information may be released without prior authorization to comply with University policy and state or federal statutes.

***Return the complaint form with attachments to DPO. Keep the cover page for future reference.***