



UC Hastings College of the Law prohibits discrimination against or harassment of any person employed or seeking employment with the College on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services.

Staff, faculty, student employees, and applicants for employment who believe they may have been discriminated, harassed, retaliated against are encouraged to bring their concerns to the Department of Human Resources to investigate and attempt to resolve the complaint. Use of the Discrimination, Harassment, Retaliation Complaint form is preferred but not required in order to submit a complaint.

### **Reporting Claims of Discrimination, Harassment, or Retaliation**

A victim of discrimination or harassment is encouraged to use the College's internal complaint process by reporting a claim within a reasonable time of the alleged action. Hastings recognizes that in certain situations, such as a subordinate-student worker relationship between a faculty member and student, grievances may not be initiated until the relationship has been terminated. However, Hastings strongly encourages individuals to file a grievance promptly in order to preserve evidence for a potential legal or disciplinary proceeding. A delay in filing a grievance, especially a significant delay, may irretrievably compromise the subsequent investigation, including access to information and/or witnesses, particularly if neither the complainant nor the respondent is employed by Hastings or enrolled as a student at the time the grievance is filed.

Although the College cannot commit to keeping a complaint of discrimination confidential because of the College's obligation to investigate the complaint, the College will use its best efforts to only disseminate information concerning the complaint to those with a need to know. Please feel free to contact Human Resources if you have any questions regarding the process for filing or investigating complaints of discrimination, harassment, or retaliation.

### **Reporting Claims of Sexual Violence or Sexual Harassment**

The College is committed to ensuring an equitable and inclusive employment environment free of sexual violence and sexual harassment. Reports of sexual misconduct should be reported to the UC Hastings Title IX Coordinator. Any complaints received by Human Resources that claim conduct that is prohibited by the Hasting's Title IX Sexual Violence and Sexual Harassment policy, found [here](#), will be reported to the Title IX Coordinator for response. Note that where sexual misconduct is involved, the policy is presumed to supersede all other procedures and policies set forth in other Hastings policies. Please consult the policy on Sexual Violence and Sexual Harassment for standards and procedures for the reporting and investigation of complaints, the dispensation of disciplinary action, and the provision of information pertaining to the pursuit of criminal or other legal action, where appropriate.

Individuals may also file complaints with administrative agencies such as the U.S. Department of Education, Office for Civil Rights (local phone number (415) 486-5555 or email at [OCR.SanFrancisco@ed.gov](mailto:OCR.SanFrancisco@ed.gov)), the federal Equal Employment Opportunity Commission, the federal Department of Labor Office of Civil Rights, or the California Department of Fair Employment and Housing.

#### **DEPARTMENT OF HUMAN RESOURCES CONTACT INFORMATION**

**Phone:** (415) 565-4703

**Email:** [HumanResources@uchastings.edu](mailto:HumanResources@uchastings.edu)

**Address:** Room 106, 198 McAllister Street  
San Francisco, CA 94102

#### **TITLE IX COORDINATOR CONTACT INFORMATION**

**Andrea Bing, Title IX Coordinator**

**Phone:** (415) 565-4733

**Email:** [TitleIXCoordinator@uchastings.edu](mailto:TitleIXCoordinator@uchastings.edu)

**Address:** Room 552, 5th Floor, 200 McAllister Street  
San Francisco CA, 94546



## Complainant Information

Report filed by:  Complainant/Victim  Third Party  Anonymous

Check one:  Student  Faculty  Staff  Applicant (Student/Employee)  Other

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Title/Position \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

## Details of Complaint

**Indicate the ground(s) on which you are making your complaint of discrimination/harassment.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Age               | <input type="checkbox"/> National Origin/Citizenship | <input type="checkbox"/> Gender              |
| <input type="checkbox"/> Sex               | <input type="checkbox"/> Race                        | <input type="checkbox"/> Gender Expression   |
| <input type="checkbox"/> Color             | <input type="checkbox"/> Retaliation                 | <input type="checkbox"/> Gender Identity     |
| <input type="checkbox"/> Disability        | <input type="checkbox"/> Religion                    | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Marital Status    | <input type="checkbox"/> Sexual Orientation          | <input type="checkbox"/> Veteran Status      |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Sexual Harassment/Violence  | <input type="checkbox"/> Other: _____        |





**Describe in detail the alleged action(s) you experienced/witnessed that you believe violated College policies regarding discrimination, harassment, and/or retaliation. Be as specific as possible and avoid vague adjectives. Use names, dates, times, and locations whenever possible (Attach additional sheets if necessary)**

**If you believe you that you were retaliated against for filing or participating in a prior discrimination or harassment complaint, investigation of a complaint, or some other protected activity, please explain the circumstances below.**



**UC HASTINGS**  
COLLEGE OF THE LAW  
SAN FRANCISCO

**Describe the remedy or resolution you are seeking. (Describe your desired outcome.)**

By signing this complaint form I affirm that, to the best of my knowledge, the information contained herein is true and factual. I understand that the completion of this form or the filing of a discrimination, harassment, and/or retaliation complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received in the office the Human Resources Department or the office of the Title IX Coordinator, (whichever occurs first). I further understand if I knowingly provide false or fraudulent information in a complaint I may be subject to disciplinary action.

_____	_____
<b>Signature of Complainant</b>	<b>Date</b>

**For UC Hastings HR Use Only**

**Date Complaint Received by HR:** \_\_\_\_\_ **Date Received by Title IX Office (if applicable):** \_\_\_\_\_

**Signature of Representative:** \_\_\_\_\_

**Signature of Representative:** \_\_\_\_\_