

# SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION

## COMPLAINT FORM

The purpose of this form is to provide employees, applicants, volunteers, interns, contractors, and other workplace participants with a method to report concerns related to workplace conduct, discrimination, harassment, retaliation, ethics, safety, compliance, or other issues. The organization prohibits retaliation against individuals who report concerns in good faith or participate in an investigation.

Employees are not required to submit concerns in writing before the organization reviews or responds to a complaint. The organization will make reasonable efforts to maintain confidentiality consistent with conducting a fair and thorough review.

If you need assistance completing this form or require an accommodation, please contact Human Resources.

The completed form can be emailed directly to [research-foundation-compliance@sjsu.edu](mailto:research-foundation-compliance@sjsu.edu) or can be mailed to the HR Director, San Jose State University Research Foundation, One Washington Square, San Jose, CA 95192-0139.

The whistleblower complaint can be mailed to Roger Mason, Esq. as SJSU Research Foundation Ombudsperson, Sweeney Mason, 983 University Ave, Suite 104C, Los Gatos, CA 95032-7637 or email to [rmason@smwb.com](mailto:rmason@smwb.com).

### SECTION 1 — PERSON REPORTING THE CONCERN

**Name:** \_\_\_\_\_ **Relationship to Organization:** \_\_\_\_\_

I prefer to remain anonymous

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Preferred Method of Contact:** \_\_\_\_\_ **Best time to contact you** \_\_\_\_\_

### SECTION 2 — TYPE OF CONCERN

Please check all that apply:

- Discrimination
- Harassment
- Sexual Harassment
- Retaliation
- Bullying or Inappropriate Conduct
- Workplace Violence or Threats
- Safety Concern
- Wage and Hour Concern
- Ethics Concern
- Conflict of Interest
- Fraud or Misuse of Funds
- Policy Violation
- Suspected Legal or Regulatory Violation

Whistleblower Concern (submit completed form to Ombudsperson)

Other: \_\_\_\_\_

**SECTION 3 — PERSON(S) INVOLVED**

Please identify the person(s) involved, if known.

<b>Name</b>	<b>Title/Role</b>	<b>Department</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 4 — DESCRIPTION OF CONCERN**

Please share what happened in your own words. You may include dates, times, locations, individuals involved, witnesses, or any other information you believe is important.

Check if additional pages attached

**SECTION 5 — DATE(S) AND LOCATION(S)**

**Date(s) of Incident(s) or Concern:**

**Location(s):**

**Is the concern ongoing?**

If yes, please explain:

**SECTION 6 — IMMEDIATE SAFETY CONCERNS**

Do you believe there is an immediate safety concern?

If yes, please explain:

**SECTION 7 — WITNESSES OR OTHERS WITH INFORMATION**

<b>Name</b>	<b>Contact Information</b>	<b>Relationship to Incident</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 8 — SUPPORTING DOCUMENTS OR EVIDENCE**

Please identify any supporting information attached or available.

- Emails
- Text Messages
- Photos
- Videos
- Social Media Messages/Posts
- Financial Records
- Personnel Records
- Medical Documentation
- Other: \_\_\_\_\_

Description of documents or evidence:

**SECTION 9 — PRIOR REPORTING**

Have you previously reported this concern?

If yes:

**Reported to:** \_\_\_\_\_ **Date Reported:** \_\_\_\_\_

**Response Received (if any):**

**SECTION 10 — REQUESTED RESOLUTION (OPTIONAL)**

If you are seeking a specific resolution or action, please describe it below.

**SECTION 11 — ACKNOWLEDGMENT**

The information provided in this form is accurate to the best of my knowledge.

I understand that the organization prohibits retaliation against individuals who report concerns in good faith or participate in an investigation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_