# UC DAVIS CAMPUS ABUSIVE CONDUCT INTAKE FORM

Please submit this form to abusiveconduct@ucdavis.edu

### **Definitions**

**Reporter:** Any individual, including a student, who makes a report of alleged misconduct that falls under the Abusive Conduct Policy.

**Complainant:** Any individual, including a student, who alleges and/or has been reported to have been subjected to abusive conduct.

**Respondent:** An individual alleged to have engaged in abusive conduct.

**Workplace:** Any space where University business is conducted or occurs, in connection with University employment and/or in the context of a University program or activity (for example, University-sponsored study abroad, research, health services, or internship programs, as well as the online workplace).

Please see reference of the Abusive Conduct Policy.

| Today's Date (mm/dd/yyyy):  |
|---|
| Date of Incident (mm/dd/yyyy):  |
| Date of incident (min/dd/yyyy).   |
| *If conduct has taken place on more than one date, please indicate the initial date here and include additional dates below in the <b>Description of Conduct</b> section. |
| Are you reporting for yourself or another?  |

\*If you are reporting alleged Abusive Conduct on behalf of someone else, you may do so anonymously. However, UC employees reporting on behalf of a student or subordinate employee must provide their name and other information to fulfill their reporting responsibilities.

### Reporter Information

\*If not the Complainant, each question below requires a response; if any of the requested information about the Reporter is unknown, please write "Unknown."

| Reporter Name:  |
|---|
| Reporter Email:   |
| Reporter Phone Number:  |
| Reporter Job Title:   |
| Reporter Department:  |
| Reporter Affiliation (Staff, Faculty, Academic Appointee, Student, Other):  |
| Complainant Information   |
| *Each question below requires a response; if any of the requested information about the Complainant is unknown, please write "Unknown." |
| Complainant Name:   |
| Complainant Email:  |
| Complainant Phone Number:   |
| Complainant Job Title:  |
| Complainant Department:   |
| Complainant Affiliation (Staff, Faculty, Academic Appointee, Student, Other):   |

### Respondent Information

\*Each question below requires a response; if any of the requested information about the Respondent is unknown, please write "Unknown."

| Respondent Name:   |
|--|
| Respondent Email (if known):   |
| Respondent Phone Number (if known):                                      |
| Respondent Job Title:  |
| Respondent Department:   |
|  |
| Pospondant Affiliation (Staff Faculty Academic Appointed Student Other): |

**DESCRIBE CONDUCT ON NEXT PAGE** 

## **Description of Conduct**

| Please provide a description of the behavior being reported.  In your response please include the following: what occurred, what was said, when the incident(s) occurred, where the incident(s) occurred, who else was present at the time of the incident(s), along with any other relevant information. If there were any witnesses to the alleged misconduct, witness names should be provided, along with contact information, if known. If you need additional space to describe the behavior being reported, please attach another document with the details. |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

# Requested Outcome Please outline the requested outcome the Complainant is seeking from this complaint.

### **Next Steps**

Please email this form to <u>abusiveconduct@ucdavis.edu</u>. After submitting this form, you will receive a confirmation of receipt from Employee and Labor Relations (ELR) and the case will be referred to the appropriate office for handling.