



ABUSIVE CONDUCT INTAKE FORM

POLICY OVERVIEW AND SCOPE:

The University of California's Abusive Conduct Policy prohibits abusive conduct and retaliation by and against members of the University community in the workplace. It applies to all University employees (including student employees), unpaid interns, and third parties. The Policy also prohibits retaliation against any person who, in good faith, reports abusive conduct, assists someone with a report of abusive conduct, or participates in an investigation or other process under the Policy.

DEFINITIONS:

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

Reporter: Any individual, including a student, who makes a report of alleged 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.

INSTRUCTIONS:

Each field with an asterisk () below requires a response. If any of the requested information is unknown, please enter "Unknown."*

COMPLAINT DETAILS:

Date Reported *

Numerous departments

Date(s) of Incident *

See memorandums without limitations

Are you reporting for yourself or for someone else? *

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 are required to provide their name and other information in order to fulfill their reporting responsibilities.

Myself

COMPLAINANT INFORMATION:

Name *

Harout Gulesserian

Job Title *

Staff Research Associate

Department *

Department of Neurobiology

Affiliation (Staff, Student, Faculty, etc.) *

Staff

Classification (Career, Contract, Per Diem, etc.) *

Career

Represented or Non-Represented? If represented, please list Union. *

UPTE-RX

Is Complainant amenable to early resolution (e.g., mediation)? *

No

RESPONDENT INFORMATION:

Name *

Numerous individuals

Job Title *

Direct Supervisor, Department CAO, and Department HR

Department *

Neurobiology

Affiliation (Staff, Student, Faculty, etc.) *

Staff and Faculty and Students

Classification (Career, Contract, Per Diem, etc.) *

N/A

Represented or Non-Represented? If represented, please list Union. *

N/A

DESCRIPTION OF CONDUCT:

Please provide a description of the behavior being reported. *

Your response may include but is not limited to the following: what occurred; date(s), time(s) and location(s) of the incident; witnesses or individuals present at time of the incident(s); etc.

Please kindly see all attached memorandums

You may also attach any supportive documentation.

Please submit this form to complaints@chr.ucla.edu. It will be reviewed by Employee and Labor Relations ("ELR"). You will be contacted within two weeks.