

University of California, Davis
Non-Litigation Employment Report

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

RISK MANAGEMENT SERVICES

One Shields Ave.
Davis, California 95616
Phone No: (530) 752-2629
Fax No: (530) 752-3439

**CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGED DOCUMENT
IN ANTICIPATION OF LITIGATION**

Complete & Send within 24 hours of notification

Incident Date: _____ Dept., College, Division: _____

Employee Information:

Name: _____ Current Employment Status: _____

Address: _____ Phone #: _____
Street State City Zip

Employment Type: Staff Faculty Student Etc: _____

Agency Claim Description: DFEH EEOC OCR Grievance Etc: _____

Describe Event or Circumstances:

Check the Appropriate Allegations:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Assault & Battery | <input type="checkbox"/> Breach of Contract | <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Defamation of Character |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Denial of Tenure | <input type="checkbox"/> Discrimination (Non Specific) | <input type="checkbox"/> Discrimination---Age |
| <input type="checkbox"/> Discrimination---Disability | <input type="checkbox"/> Discrimination---Gender | <input type="checkbox"/> Discrimination---National Origin | <input type="checkbox"/> Discrimination---Race |
| <input type="checkbox"/> Discrimination---Sex | <input type="checkbox"/> Failure to Accommodate | <input type="checkbox"/> Harassment | <input type="checkbox"/> Harassment---Sexual |
| <input type="checkbox"/> Invasion of Privacy | <input type="checkbox"/> Libel/Slander | <input type="checkbox"/> Malicious Prosecution | <input type="checkbox"/> Misrepresentation |
| <input type="checkbox"/> Personal Injury (Multiple) | <input type="checkbox"/> Refusal to Hire/Promote | <input type="checkbox"/> Reputation | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Whistle-Blowing | <input type="checkbox"/> Wrongful Termination | <input type="checkbox"/> Other: _____ | |

Reporting Department Information:

Name: _____ Phone #: _____ Email: _____