Unlawful Discrimination Complaint Form

Name: ____________________________

Last First

Address: ____________________________

Street or P.O. Box City State Zip

Phone: ____________________________

Day ( ) Evening ( )

I Am A: □ Student □ Employee □ Other: ____________________________

I Wish To Complain Against: ____________________________

District: ____________________________ College: ____________________________

Date of Most Recent Incident of Alleged Discrimination: ____________________________

(Nonemployment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment complaints must be filed within six months of the date of the alleged unlawful discrimination.)

I Alleged Discrimination Based on the Following Category Protected under Title 5 (you must select at least one):

□ Age □ Ethnic Group Identification □ Physical Disability □ Retaliation**

□ Ancestry □ Mental Disability □ Race □ Sex/Gender (includes Harassment)

□ Color □ National Origin □ Religion □ Sexual Orientation

□ Perceived to be in protected category or associated with those in protected category

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each incident provide the following information: 1) date(s) the discriminatory action occurred; 2) name of individual(s) who discriminated; 3) what happened; 4) witnesses (if any); and 5) why you believe the discrimination was because of your religion, age, race, sex or whatever basis you indicated above. **If applicable, explain why you believe you were retaliated against for filing a complaint or asserting your right to be free from discrimination on any of the above grounds. (Attach additional pages as necessary.)

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

What would you like the District to do as a result of your complaint -- what remedy are you seeking? __________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

I certify that this information is correct to the best of my knowledge.

______________________________ Date

Signature of Complainant

Send Original to the District, or: Chancellor’s Office, California Community Colleges

1102 Q Street, Sacramento, California 95811-6549

(Revised 02/08) Attention: Legal Affairs Division