

Human Resources

College of the Siskiyous, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5317 - Email: hr@siskiyous.edu

Unlawful Discrimination Complaint Form

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I am a: ☐ Student ☐ Employee ☐ Other _____

I wish to complain against the following individual(s):

Name: _____

☐ Student ☐ Employee ☐ Other _____

Name: _____

☐ Student ☐ Employee ☐ Other _____

Name: _____

☐ Student ☐ Employee ☐ Other _____

Date of most recent incident or alleged discrimination: _____

(Non-employment complaints must be filed within one year of the date of the alleged unlawful discrimination.
Employment complaints must be filed within 180 days of the date of the alleged unlawful discrimination.)

I allege discrimination based on the following protected categories:

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Military/Veteran Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Physical/Mental Disability |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Race |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender Identification | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Sex/Gender |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other Protected Class |

If Other Protected Class, explain.

What would you like the District to do in response to your complaint?

Clearly state your complaint. Describe each incident of alleged discrimination separately.

For each incident provide the following information (attach additional pages as necessary):

- date(s) the discriminatory action occurred;
- name(s) of individual(s) who participated in discriminatory conduct;
- location of incident;
- what happened;
- witnesses (if any);
- why you believe the conduct was motivated by your protected classification;
- 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.

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

Signature of Complainant: _____ Date: _____

Name of Individual documenting verbal complaint: _____

Title: _____ Phone: _____

Email: _____

Office Use Only

Date Complaint received: _____

Received By: _____ Title: _____