



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 (name): _____

District: _____

Date of Most Recent Incident of 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 Category Protected under Title 5 (you must select at least one):

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> National Origin | <input type="checkbox"/> Medical Condition/Genetic Info. |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Retaliation** |
| <input type="checkbox"/> Color | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Veteran/Military Status |
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> 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.

Signature of Complainant *Date*

Send **Original** to the District or: Chancellor's Office, California Community Colleges
1102 Q Street, Sacramento, California 95811
Attention: Legal Affairs Division