## 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 180 days 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
- ☐ National Origin
- ☐ Religion
- ☐ Ancestry
- ☐ Genetic Information
- ☐ Physical Disability
- ☐ Retaliation**
- ☐ Color
- ☐ Mental Disability
- ☐ Race
- ☐ Sex/Gender (includes Harassment)
- ☐ Perceived to be in protected category or associated with those in protected category
- ☐ Sexual Orientation

- ☐ Other: ____________________________

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

(Revised 11/17)