Unlawful Discrimination Complaint Form

Name: ____________________________________________

Address: ____________________________________________

Phone: ___ Day (_____) _______ Evening (_____) ____________

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

I Wish To Complain Against: ________________________________

District: ______________________ College: ______________________

Date of Most Recent Incident of Alleged Discrimination:

(Note: Employment 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.

_________________________________________  ____________
Signature of Complainant  Date

Send Original to the District, or:

Chancellor's Office, California Community Colleges
1102 Q Street, Sacramento, California 95811-6549

Attention: Legal Affairs Division

(Revised 02/08)
Statement of Grievance

Name: ____________________________ Date: ________________

Last First

Student ID #: ______________________ Phone: __________________ E-mail: __________________

Please check one: □ Academic Grievance □ Non-Academic Grievance

If Academic, check the category(s) that apply (must have supporting documentation):

□ Mistake □ Fraud □ Bad Faith □ Incompetency

If Non-Academic, specify: ___________________________________________________________

Date of the incident on which the grievance is based or date that you learned of the basis for the grievance (whichever is later): _____________________________________________

Person(s) charged: ________________________________________________________________

Attach additional documentation if needed

Clearly specify your grievance: ______________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Requested outcome (specify the solution/action you want taken): ______________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Steps you have taken to attempt to resolve the grievance: _____________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

_________________________________________  ________________________________
Student Signature                          Date