



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 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"/> Physical Disability | <input type="checkbox"/> Retaliation** |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sex/Gender (includes Harassment) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <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 95811-6549
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