



# Unlawful Discrimination Complaint Form

**NAME:**

Last

First

Middle

**ADDRESS:**

Street or P.O. Box

City

State

Zip

**HOME PHONE:**

**CELL PHONE:**

**WORK PHONE:**

**EMAIL ADDRESS:**

**I AM A:** ☐ STUDENT ☐ STUDENT WORKER ☐ FACULTY ☐ CLASSIFIED ☐ ADMINISTRATOR  
☐ SUPERVISOR ☐ CONFIDENTIAL ☐ APPLICANT ☐ OTHER: \_\_\_\_\_

**PLEASE IDENTIFY THE NAME(S) OF THE PERSON(S) WHO YOU ALLEGE DISCRIMINATED AGAINST YOU** (*Please Print. Attach additional pages as necessary*):

**NAME:**

Last

First

Middle

**STATUS:** ☐ STUDENT ☐ STUDENT WORKER ☐ FACULTY ☐ CLASSIFIED ☐ ADMINISTRATOR  
☐ SUPERVISOR ☐ CONFIDENTIAL ☐ APPLICANT ☐ OTHER: \_\_\_\_\_

**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 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"/> Religion   | <input type="checkbox"/> Ancestry                         | <input type="checkbox"/> Mental Disability   |
| <input type="checkbox"/> Race   | <input type="checkbox"/> Sex/Gender (includes Harassment) | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Color  | <input type="checkbox"/> National Origin                  | <input type="checkbox"/> Retaliation**       |
| <input type="checkbox"/> Gender Identity/Gender Expression  |   |  |
| <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 based upon the protected categories 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 true and correct to the best of my knowledge.**

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

### **HOW TO FILE THIS COMPLAINT**

Send **Original** to:

Human Resources  
1100 North Grand Avenue  
Bldg. 4, Room 1460  
Walnut, CA 91789

You may also file your complaint with the State Chancellor's Office at:

Chancellor's Office, California Community Colleges  
1102 Q Street  
Sacramento, California 95811-6549  
Attention: Legal Affairs Division