UNLAWFUL DISCRIMINATION COMPLAINT FORM

(To be filed with the community college district involved in your allegations)

Name: _____
Last First

Address: _____
Street or P.O. Box City State Zip

Phone: _____ _____
Home/Cell Email

I am a: ☐ Student ☐ Employee ☐ Other: _____

I wish to complain against the following individual(s):

Name(s): _____

District: _____ **College:** _____

☐ Student ☐ Employee ☐ Other: _____

Date of most recent incident or 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 protected categories:

☐	Age	☐	Military/Veteran Status
☐	Ancestry	☐	National Origin
☐	Color	☐	Physical/Mental Disability
☐	Ethnic Group	☐	Race
☐	Gender Expression	☐	Religion
☐	Gender Identification	☐	Retaliation
☐	Immigration Status	☐	Sex/Gender
☐	Marital Status	☐	Sexual Orientation
☐	Medical Condition	☐	Other Protected Class (Explain):
			_____

What would you like the District to do in response to your complaint?

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(s) of individual(s) who participated in discriminatory conduct;

3) location of incident;

4) what happened;

5) witnesses (if any);

6) why you believe the conduct was motivated by your protected classification;

7) 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.)

I certify that this information is correct to the best of my knowledge.

_____ _____

Signature of Complainant *Date*

Name of individual documenting verbal complaint: _____

_____

Title *Phone* *Email*

OFFICE USE ONLY

Date complaint received: _____

_____ _____

Received by *Title*