UNLAWFUL DISCRIMINATION COMPLAINT FORM

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

Last			First				
: :							
Street or P.O. Box			City		State	Zip	
Home/Cell		Email			_		
Student		Employee		Other:			
o complain against th	e following	g individua	l(s):				
):							
		College:					
Student	Employee		Other:				
Age Ancestry Color Ethnic Group Gender Expression	on the foll	t be filed w	tected cate Military/V National C Physical/N Race Religion	ys of the diegories: eteran Sta Origin Mental Disa	ate of the	-	
			=				
Marital Status			Sexual Orientation				
Medical Condition		Other Protected Class (Explain):					
- "							
	Home/Cell Student Complain against the Student	Home/Cell Student complain against the following Student Employee most recent incident or alleged ployment complaints must be filed nation. Employment complaints must discrimination.) discrimination based on the foll Age Ancestry Color Ethnic Group Gender Expression Gender Identification Immigration Status Marital Status	Home/Cell Email Student Employee complain against the following individual College: Student Employee most recent incident or alleged discriminal ployment complaints must be filed within one ynation. Employment complaints must be filed wild discrimination.) discrimination based on the following pro Age Ancestry Color Ethnic Group Gender Expression Gender Identification Immigration Status Marital Status	Student Employee Complain against the following individual(s):	Student Employee Other: Other:	Student Employee Other: Other:	

Rev. 3/24/2020

Clearly state your complaint For each incident provide th			ged discrimination separately.					
1) date(s) the discriminatory	_							
2) name(s) of individual(s) v	=	scriminato	ory conduct:					
3) location of incident;	o participated a.		, coa.c.,					
4) what happened;								
5) witnesses (if any);								
, , , , , , , , , , , , , , , , , , , ,	duct was motivated b	vour pro	tected classification:					
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	•							
or asserting your right to be	ince nom discrimina	tion on an	iy of the above grounds.					
(Attach additional pages as i	necessary.)							
I certify that this informatio	n is correct to the be	st of my kr	nowledge.					
Signature of Complainant			Date					
Name of individual docume	nting verbal complair	nt:						
Title	Phone	Email						
	OFFICE USE	ONLY						
Date complaint received:								
Date complaint received.		_						
Received by		_	Title					