

Unlawful Discrimination Complaint Form

Name: _____
Last First

Address: _____
Street / PO Box City State Zip

Telephone (day): _____ Telephone (evening): _____

Student Employee Other _____

This discrimination complaint involves: Los Rios Community College District
 A specific Los Rios college _____
College Name

Date of Most Recent Incident of Alleged Discrimination: _____

(Non-employment complainants must be filed within one year of the date of the alleged unlawful discrimination. Employment complainants 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 (includes Harassment) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| | | | <input type="checkbox"/> Other |

I wish to seek an informal resolution to my complaint: Yes No

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each action, 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 protected group status (religion, age, sex or whatever basis you indicated above) and/or, if applicable, why you believe you were retaliated against for filing of a complaint or asserting your rights. Attach additional pages as necessary.

What would you like the College/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.

Complainant Signature: _____ Date: _____

Send original form to District Office/College Equity Officer or to:

California Community Colleges System Office
Attention: Legal Affairs Division
1102 Q Street
Sacramento, CA 95800-6539