Los Rios Community College District
Discrimination Complaint Form

Name: _____
Last *First*

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

Phone: *Day* (_____) _____ *Evening* (_____) _____

E-mail Address: _____

I Am A: ☐ Student ☐ Employee ☐ Other: _____

I Wish To Complain Against: _____

District: Los Rios Community College District **College/Location:** _____

Date of Most Recent Incident of Alleged Discrimination: _____
(Non-employment complaints must be filed within one year of the date of the alleged discrimination.
Employment complaints must be filed within six months of the date of the alleged discrimination.)

I Allege Discrimination Based on the Following Category Protected under Title 5: ***(you must select at least one)*:**

- ☐ Age
- ☐ Ancestry
- ☐ Color
- ☐ Ethnic Group Identification
- ☐ Gender
- ☐ Gender Expression
- ☐ Gender Identity
- ☐ Marital Status
- ☐ Medical Condition
- ☐ Military and Veteran Status
- ☐ National Origin
- ☐ Physical or Mental Disability
- ☐ Political Affiliation or Belief
- ☐ Pregnancy or Childbirth-related condition
- ☐ Race
- ☐ Religion or Religious Creed
- ☐ Retaliation**
- ☐ Sex (includes harassment)
- ☐ Sexual Identity
- ☐ Sexual Orientation

☐ Association with a person or group with one or more of these actual or perceived characteristics
_ (please provide explanation): _____

☐ Other (please provide explanation):_____

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 religion, age, race, sex or whatever basis you indicated above. ** If applicable, why you believe you were retaliated against for filing of complaint or asserting your rights to be free from discrimination on any of the above grounds.
(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.

_____ _____
Signature of Complainant *Date*

Send **Original** to College Equity Officer or to:

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