

UNLAWFUL DISCRIMINATION FORMAL COMPLAINT FORM

Name: _____

(Last)

(First)

Address: _____

Street or P.O. Box

City

State

Zip

Phone: Day () _____ Evening () _____

I am a: Student/ID# _____ Employee Other _____

I wish to complain against District: _____

Person, Program or Activity: _____

Date of Alleged Discrimination: _____

(Complaints must be filed within one year of the date of the alleged unlawful discrimination or within one year of the date on which the complainant knew or should have known of the facts underlying the allegation of unlawful discrimination)

I allege discrimination and/or harassment based on (check only those which apply):

 Ethnic Group Identification; Religion/Creed; Color; Age; National Origin; Physical/Mental Disability; Sex/Gender; Race; Ancestry; Sexual Orientation (includes Gay, Lesbian, Bisexual); Retaliation ===== Marital Status; Gender Identity (includes Transgender, Questioning); Domestic Partner Status; Medical Conditions; Vietnam-Era Veteran Status; AIDS/HIV Status

The bases of discrimination in this box are not subject to the jurisdiction of the State Chancellor's Office.

Has informal resolution been attempted? Yes No Date Commenced: _____

Name of district officer involved in informal resolution: _____

Clearly state your complaint. Describe the incident, and how it occurred. List the participants involved and their relationship (Attach additional pages as necessary)

List the names, address and phone numbers of any person(s) who witnessed the incident or who are able to provide information about the complaint. State what you think can be done to resolve the situation or problem.

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

Signature of Complainant_____
DateSend original to the district: San Francisco Community College District
Title 5/EEO/ADA Compliance Office
50 Phelan Ave., B619
San Francisco, CA 94112

3/03