



Unlawful Discrimination & Harassment Complaint Form

Please provide as much information as possible in order to help the Compliance Officer learn of how to proceed. All information will be kept confidential and will only be shared with employees assigned to investigate or adjudicate unlawful discrimination and harassment matters.

Your full name:

Your position/title:

- Student
- Student employee
- Employee
- Other:

Your contact information:

Address:

Email:

Phone:

Urgency of Report (Required):

Date(s) of Incident(s) (Required): (attached additional sheets if needed)

Location of incident

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I allege discrimination based on the following protected categories:

ethnic group identification

national origin

religion

age

race

color

ancestry

marital status

sex

gender

gender identity

gender expression

non binary status

sexual orientation

physical disability

mental disability

medical condition or genetic information

military and veteran status

or on the basis of these perceived characteristics or based on association with a person or group with one or more of these actual or perceived characteristics, in any program or activity that is, administered by, funded directly by, or that receives any financial assistance from the State Chancellor or Board of Governors of the California Community Colleges.

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Please provide a detailed description of the incident(s) using specific, concise, and objective language (e.g. who, what, where, when, why, and how) (Required)

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

I certify that the 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:** _____