

Chaffey Community College District

5885 Haven Avenue, Rancho Cucamonga, CA 91737

Phone: 909-652-6531 / Email: tomeika.carter@chaffey.edu

UNLAWFUL DISCRIMINATION COMPLAINT FORM

(To be filed with Chaffey Community College District Office of Human Resources - Please see bottom of form for filing instructions)

Name:

Last First

Address:

Street or P.O. Box City State Zip

Phone:

Home/Cell Email

I am a: Student Employee Other: _____

I wish to complain against the following individual(s):

Name(s): _____

Student Employee Other: _____

Campus where incident(s) occurred: Rancho Chino Fontana

Other _____

Date of most recent incident or alleged discrimination on: _____

(Non-employment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment complaints must be filed within 180 days of the date of the alleged unlawful discrimination.)

I allege discrimination based on the following protected categories:

<input type="checkbox"/>	Age	<input type="checkbox"/>	Military/Veteran Status
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	National Origin
<input type="checkbox"/>	Color	<input type="checkbox"/>	Physical/Mental Disability
<input type="checkbox"/>	Ethnic Group	<input type="checkbox"/>	Race
<input type="checkbox"/>	Gender Expression	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Gender Identification	<input type="checkbox"/>	Retaliation
<input type="checkbox"/>	Immigration Status	<input type="checkbox"/>	Sex/Gender
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Medical Condition	<input type="checkbox"/>	Other Protected Class (Explain):

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

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(s) of individual(s) who participated in discriminatory conduct;
- 3) location of incident;
- 4) what happened;
- 5) witnesses (if any);
- 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 free from discrimination on any of the above grounds.

(Attach additional pages as necessary.)

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

Signature of Complainant

Date

Complaint Form Filing Instructions

Please print and sign this completed Complaint Form and submit it to the Office of Human Resources via:

Mail or In-Person to:

Chaffey Community College District
Student Services Administrative Building, SSA-204
Attention: Tomeika Carter, Interim Director of Human Resources & Diversity, Equity, and Inclusion
5885 Haven Avenue
Rancho Cucamonga, CA 91737

or

Email or Fax to:

tomeika.carter@chaffey.edu or Fax: 909-652-6533