# Chaffey Community College District
## Unlawful Discrimination Complaint Form

Name: __________________________________________________________________________________________

Last First

Address: ______________________________________________________________________________________

Street or P.O. Box City State Zip

Telephone: Day ( ) Evening ( )

I am a: ☐ Student ☐ Employee ☐ Other: ______________________________

I Wish To Complain Against: ________________________________________________________________

District: ____________________ College: ____________________

Date of Most Recent Incident of Alleged Discrimination: ____________________

(Nonemployment 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 unlawful discrimination.)

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

- ☐ Age ☐ Ethnic Group Identification ☐ Physical Disability ☐ Retaliation **
- ☐ Ancestry ☐ Mental Disability ☐ Race ☐ Sex (includes Harassment)
- ☐ Color ☐ National Origin ☐ Religion ☐ Sexual Orientation
- ☐ Perceived to be in protected category or associated with those in protected category

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 your religion, age, race, sex or whatever basis your indicated above. **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.)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

What would you like the 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

Original To: Susan Hardie, Director, Human Resources OR Chancellor’s Office California Community Colleges
Chaffey Community College District Legal Affairs Division
5885 Haven Avenue 1102 Q Street
Rancho Cucamonga, CA 91737 Sacramento, CA 95811-6549

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