Chaffey Community College District
Unlawful Discrimination / Harassment Complaint Form

Name: ____________________________________________ Last ____________________________ First __________________________

Address: Street or P.O. Box ____________________________________________ City ____________________________ State ____________________________ Zip ____________________________

Telephone: Day ( ) ____________________________ Email Address: ____________________________

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

I wish to complain against: ____________________________ (Specify persons, programs, etc.)

Date of most recent incident of alleged discrimination / harassment: ____________________________

(Non-employment complaints must be filed within one year of the date of the alleged discrimination / harassment. The complaint may also be filed with the Office for Civil Rights of the U.S. Department of Education (OCR). Employment complaints must be filed within 180 days of the date of the alleged discrimination / harassment. The complaint may also be filed with the U.S. Equal Employment Opportunity Commission (EEOC) or the DFEH where such complaint is within their jurisdiction.)

I allege discrimination / harassment based on the following category: (You must select at least one.)

Protected ☐ Age ☐ Ethnic Group Identification ☐ Physical Disability ☐ Retaliation
Under ☐ Ancestry ☐ Mental Disability ☐ Race ☐ Sex (includes Harassment)
Title 5 ☐ Color ☐ National Origin ☐ Religion ☐ Sexual Orientation
☐ Perceived to be in protected category or associated with those in protected category

☑ Marital Status ☐ Medical Condition ☐ Vietnam Veteran ☐ Other(specify)

Clearly state your complaint. Describe each incident of alleged discrimination / harassment separately. For each action provide the following information: 1) date(s) the discriminatory / harassment action occurred, 2) name of individual(s) who discriminated / harassed; 3) what happened; 4) witnesses (if any); and 5) why you believe the discrimination / harassment was because of protected group status [religion, age, race, sex or whatever basis you indicated above] and/or, if applicable, why you believe you were retaliated against for filing a complaint or asserting your rights. (Attach additional pages as necessary.)

______________________________________
______________________________________
______________________________________

Has informal resolution been attempted? ☐ Yes ☐ No Date Commenced: ____________________________

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: Lisa Bailey, Executive Director, Human Resources ☐ OR Legal Affairs Division
Chaffey Community College District Chancellor’s Office California Community College
5885 Haven Avenue 1102 Q Street
Rancho Cucamonga, California 91737-3002 Sacramento, CA 95814-6511