



UNLAWFUL DISCRIMINATION COMPLAINT FORM

Name: _____
Last First

Address: _____
Street or P.O. Box City State Zip

Phone: _____
Cell Home Email

I am a: Student Employee Other: _____

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

Name(s): _____

Location: _____ Student Employee Other: _____

Date of most recent incident of alleged discrimination: _____

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

Other Protected Class: _____
(Explain): _____

Perceived to be in protected category or associated with those in protected category.

What would you like the District to do in response to your complaint -- what remedy are you seeking?

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 and where it 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

Name of individual documenting verbal complaint: _____

Title

Phone

Email

Send original to:

Contra Costa Community College District
Attn: Human Resources
500 Court Street
Martinez, California 94553

OFFICE USE ONLY	
Date complaint received: _____	
Received by _____	Title _____