UNLAWFUL DISCRIMINATION COMPLAINT FORM

Name: _________________________________________________________________________

Last        First

Address: _______________________________________________________________________

Street or P.O. Box City State Zip

Phone: Day ___________________________ Evenning _____________________________

I am a:   □ Student   □ Employee   □ Other: _____________________________

I wish to complain against: _________________________________________________

Location: __________________________

Date of most recent incident of alleged discrimination: ___________________________

(Nonemployment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment complaints must be filed within six months of the date of the alleged unlawful discrimination)

I allege 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 protected group status [religion, age, race, sex or whatever basis you 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

Send original to either: Contra Costa Community California Community Colleges
College District Attn: Legal Affairs Division
Attn: Human Resources 1102 Q Street
500 Court Street, Martinez Sacramento, California 95814
Martinez, California 94553

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