



UNLAWFUL DISCRIMINATION COMPLAINT FORM

(To be filed with the community college district involved in your allegations)

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): _____

District: _____ **College:** _____

☐ Student ☐ Employee ☐ Other: _____

Date of most recent incident or 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"/>	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

Name of individual documenting verbal complaint: _____

Title

Phone

Email

OFFICE USE ONLY

Date complaint received: _____

Received by

Title

Please send the **original** signed copy of this form to the following address:

San Diego Community College District
Attention: Legal Services & EEO
3375 Camino del Rio South, Suite 385
San Diego, CA 92108-3883

Or

SDCCD Legal Services-EEO at: sdccdlegalservices-eeo@sdccd.edu

Should you have any questions, comments, and/or concerns, please contact the Legal Services and Equal Employment Opportunity (EEO) office at (619) 388-6591.