



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.)

- | | | | | |
|------------------|---|--|--|--|
| <u>Protected</u> | <input type="checkbox"/> Age | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Retaliation |
| <u>Under</u> | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sex (includes Harassment) |
| <u>Title 5</u> | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| | <input type="checkbox"/> Perceived to be in protected category or associated with those in protected category | | | |

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- 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
Chaffey Community College District
5885 Haven Avenue
Rancho Cucamonga, California 91737-3002

OR Legal Affairs Division
Chancellor's Office California Community College
1102 Q Street
Sacramento, CA 95814-6511

