



Unlawful Discrimination Complaint Form

Sexual Harassment Discrimination

Name: _____
Last First

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

Phone: Day _____ Evening _____

I Am A: Student Employee Other: _____

I Wish To Complain Against: _____

District: _____ College: _____

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
- Religion
- Race
- Color
- Sexual Orientation
- Ethnic Group Identification
- Ancestry
- Sex/Gender (includes Harassment)
- National Origin
- Perceived to be in protected category or associated with those in protected category
- Physical Disability
- Mental Disability
- Retaliation**

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 your 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? _____

The District shall document any and all complaints made by employees regarding discrimination or harassment and maintain such records for a period of at least five (5) years from the date of the complaint.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date

Send **Original** to the District,

Solano Community College District
Human Resources Office
4000 Suisun Valley Road
Fairfield, CA 94534

Or, you may send your **Original** complaint to:

Chancellor's Office, California Community Colleges
1102 Q Street
Sacramento, California 95811-6549
Attention: Legal Affairs Division