Unlawful Discrimination Complaint Form

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 Alleged 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/Gender (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 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? ____________________

_____________________________________________________________________

_____________________________________________________________________

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

__________________________________________________________
Signature of Complainant

________________________________________________________
Date

Send Original to:
Marin Community College District
835 College Avenue, Kentfield, CA 94904
Attention: Director of Human Resources
or:
Chancellor’s Office, California Community Colleges
1102 Q Street, Sacramento, California 95811-6549
Attention: Legal Affairs Division