

## Appendix A Unlawful Discrimination Complaint Form

Name:	Last				First
Address:					
Phone: Day (	Street or P.O. Box	City	Sta Evening (	ite	Zip
Flione: Day (	)	<b>Emplo</b>	$\underline{\qquad} Evening ($	) hor:	
I Am a. I Wish To Con	nlain Against.			IICI	
	I Wish To Complain Against: College: District:				
			•		
(Non-emple	oyment complaints must nt complaints must be fil	be filed within o	ne year of the date of	f the alleged u	unlawful discrimination.
I Allege Discription one):	mination Based on the	Following Cate	gory Protected unde	er Title 5 (you	u must select at least
□ Age	□ Ethnic Group	Idantification	Physical Disabil	lity 🗆 Dot	taliation**
$\Box$ Age $\Box$ Ancestry					x/Gender (includes Harassment)
$\Box$ Color	□ National Orig		□ Race □ Religion		xual Orientation
□ Perceived	to be in protected categ	ory or associated			
Clearly state your complaint. Describe each incident of alleged discrimination separately. For each incident					
<b>provide the following information:</b> 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. ( <i>Attach additional pages as necessary.</i> )					
What would y	ou like the District to do	as a result of yo	ur complaint –what r	remedy are yo	u seeking?

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

Signature of Complainant

## Send Original to:

Mt. San Jacinto College Attention: Human Resources 1499 N. State Street San Jacinto, California 95283-2399 Date

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

or