



**Unlawful Discrimination Complaint Form**  
 South Orange County Community College District  
 28000 Marguerite Parkway Mission Viejo, CA 92692  
 Office of Human Resources (949) 582-4850 • www.socccd.edu

**COMPLAINANT'S CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am a:  Student  Employee  Other, describe: \_\_\_\_\_

**SUBJECT(S) OF COMPLAINT**

I wish to complain against the following individual(s):

Name(s): \_\_\_\_\_

Location:  Saddleback College  Irvine Valley College  District

They are a:  Student  Employee  Other, describe: \_\_\_\_\_

**DESCRIPTION OF COMPLAINT**

Date of Most Recent Incident of Alleged Discrimination: \_\_\_\_\_

*(Complaints alleging discrimination in employment must be filed within 180 days of the most recent alleged unlawful discrimination. All other complaints must be filed within one year of the most recent alleged unlawful discrimination.)*

I allege discrimination based upon the following protected categories under Title 5: (*choose all that apply*):

- Age  Gender Identification  Military or Veteran Status  Religion
- Ancestry  Genetic Information  National Origin  Retaliation\*\*
- Color  Immigration Status  Physical or Mental Disability  Sex or Gender
- Ethnicity  Marital Status  Pregnancy  Sexual Orientation
- Gender Expression  Medical Condition  Race
- Pregnancy/Childbirth/Breastfeeding/Related Medical Condition
- Perceived to be in a protected category or associated with those in a protected category

**Clearly state your complaint:** In the space below, describe each incident of alleged discrimination separately. For each action provide the following information (*attach additional pages as necessary*):

- 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); and
- 6) why you believe the discrimination was motivated by the protected status(es) you identified.

*\*\*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.*

[Empty rectangular box for text entry]

What would you like the District to do as a response to your complaint? What remedy are you seeking?

[Empty rectangular box for text entry]

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

\_\_\_\_\_  
**Signature of Complainant (sign or type to sign)** \_\_\_\_\_  
**Date**

Send **Original** to the District: South Orange County Community College District  
Attention: Vice Chancellor of Human Resources  
28000 Marguerite Parkway  
Mission Viejo, CA 92692