



# Unlawful Discrimination Complaint Form

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

**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.*

1. Date(s) the discrimination action occurred:

2. Name(s) of individual(s) who participated in discriminatory conduct:

3. Location of Incident:

4. What happened:

5. Witness(es), if any:

6. Why you believe the discrimination was motivated by the protected status(es) you identified:

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

**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