



**Unlawful Discrimination Complaint Form:
FORMAL COMPLAINTS**

Print Name: _____
Last First M.I.

Address: _____ City, State, Zip: _____

Day Phone: (____) _____ Evening Phone: : (____) _____ E-mail: _____

I am a San Bernardino Community College District: Employee: _____ Student: _____ Other: _____

I wish to complain against: (name of individuals, College, or District): _____

Date of most recent incident of alleged discrimination: _____
(Non-employment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment-related complaints must be filed within six months – 180 days – 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):

<input type="checkbox"/> Age	<input type="checkbox"/> Ethnic Group Identification	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Race	<input type="checkbox"/> Sex (includes Sexual Harassment)
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Religion	<input type="checkbox"/> Sexual Orientation

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each action 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 protected group status (religion, age, race, sex or whatever basis you indicated above) and/or, if applicable, why you believe you were retaliated against for filing of complaint or asserting your rights. (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, and will submit this completed form to the appropriate Responsible District Officer.

Complainant Signature: _____ **Date:** _____