Office of Human Resources | 11110 Alondra Blvd. | Norwalk, CA 90650 | 562-860-2451 ext. 2280 | FAX: 562-467-5003

DISCRIMINATION and HARASSMENT COMPLAINT FORM

Instructions: Please print clearly and provide as much information requested below as possible. Return completed and signed form to Human Resources.

COMPLAINANT INFORMATION		
Name:		Date:
Mailing Address:		
Department/Division:	Campus Extension:	Cell/Home Phone:
Relationship to Cerritos College (check one)	☐ Employee ☐ Student ☐ Applicant ☐ Volunteer ☐ Community Member ☐ Other _____	
If you are an employee, what is your title/classification?	If you are a student, what is your date of last registration?	

Indicate the ground(s) on which you are making your complaint of discrimination/harassment.		
☐ Sex	☐ Race	☐ Religion
☐ Gender Identity	☐ Color	☐ Disability
☐ Sexual Orientation	☐ National Origin	☐ Medical Condition
☐ Marital Status	☐ Ancestry	☐ Veteran Status
☐ Age	☐ Citizenship Status	☐ Genetic Information Nondiscrimination Act (GINA)
☐ Other:		
☐ Retaliation (Please indicate the type of retaliation by checking the applicable boxes above.)		
Identify the dates that the alleged discrimination and/or retaliation took place.		
Earliest Date(s):	Latest Date(s):	
_____	_____	
_____	_____	

1. Identify the person or persons against whom your allegations are made, their working relationship to you (supervisor, professor, co-worker, student, etc…) and their work or classroom location:

2. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary.

3. To whom have you gone for resolution of the complaint? What did you or others do to try to resolve the complaint? What was the outcome?

4. Identify others who may have observed or witnessed the incident(s) that you described:			
Name:	Address:	Telephone:	Position:

5. Identify others you believe may have experienced the same situation.			
Name:	Address:	Telephone:	Position:

6. Do you have any documents that support your allegation? (Please list and attach a copy.)

7. Describe how you would like the complaint to be resolved. Be as specific as possible.

8. If you are to be represented, provide the name, address, and telephone number of your representative.

COMPLAINTANT SIGNATURE	
To the best of my knowledge, the information I have submitted is accurate. I am aware that an informal process is available to resolve the complaint, and feel that a formal complaint is appropriate to resolve the discrimination and harassment I allege in this complaint. I understand that I may have rights to relief under the state and federal laws, and that filing a formal complaint does not necessarily affect the time within which I must file a complaint with the agencies or courts that enforce those laws. I understand that if I am a member of a collective bargaining unit, I may have rights to grieve the actions in my complaint, and that filing this complaint does not substitute for that process or give me more time to grieve any of those actions. I agree to cooperate within reason with any investigation conducted by the college into this matter.	
Print Name:	
Signature:	Date:

Please return this completed form to the Human Resources Office, located in the Multi-Purpose Building on the Cerritos College main campus, located at 11110 Alondra Blvd., Norwalk, CA 90650. You may also email the form to dsheibe@cerritos.edu or fax it to 562-467-5003.

If you have any questions, please contact the Human Resources Department at 562-860-2451 ext. 2280