



## **DISCRIMINATION COMPLAINT FORM**

### **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 Peralta Community College District: Student \_\_\_\_\_ Employee \_\_\_\_\_ 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 Harasment) |
| <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 if 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: \_\_\_\_\_  
Rev. 7/07)