



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):

- Age Ethnic Group Identification Physical Disability Retaliation
- Ancestry Mental Disability Race Sex (Includes Harasment)
- Color National Origin Religion 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:** _____
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