



**LOS ANGELES COMMUNITY COLLEGE DISTRICT
770 Wilshire Boulevard
Los Angeles, CA 90017**

UNLAWFUL DISCRIMINATION COMPLAINT FORM

This complaint was filed at: LACC___ ELAC___ LAHC___ LAMC___
LAPC___ LASWC___ LATTC___ LAVC___ WLAC___ DISTRICT OFFICE___

1. Name of person filing this complaint: (Please Print)

NAME _____
Last First Middle

ADDRESS _____

City State Zip Code

HOME PHONE NO. (____) _____ WORK PHONE NO. (____) _____

CELL PHONE NO. (____) _____

EMAIL ADDRESS _____

2. I am a: STUDENT___ STUDENT WORKER___ FACULTY___ CLASSIFIED___
ADMINISTRATOR___ SUPERVISOR___ APPLICANT___ OTHER_____

3. Name of person discriminated against (if other than person filing):

NAME _____
Last First Middle

ADDRESS _____

City State Zip Code

STATUS: STUDENT___ STUDENT WORKER___ FACULTY___ CLASSIFIED___
ADMINISTRATOR___ SUPERVISOR___ APPLICANT___ OTHER_____

HOME PHONE NO. (____) _____ WORK PHONE NO. (____) _____

CELL PHONE NO. (____) _____

EMAIL ADDRESS _____

4. Please identify the name/s of the person/s or the institution who you alleged discriminated against you. (Please Print)

NAME/S _____

INSTITUTION _____

5. State the cause/s of discrimination _____

Causes of discrimination can be one or more of the following: Age, Ancestry, Color, Ethnic Group Identification, Mental Disability, National Origin, Perceived to be in Protected Category or Associated with those in Protected Category, Physical Disability, Race, Religion, Sex or Gender (including Sexual Harassment), Sexual Orientation, and Retaliation

6. How did you feel you were discriminated against? Please explain who, what, where, how and when for each cause/s of discrimination listed in Question 5. (Attach additional sheets if necessary)

7. What was the most recent date you were discriminated against?

(Complaints **not** involving employment must be filed within **one year** of the date of the alleged unlawful discrimination. Complaints alleging discrimination in employment must be filed within **180 days** of the date of the alleged unlawful discrimination)

8. What was the earliest date you were discriminated against?

9. What remedial action/s do you propose? _____

10. Please attach any additional documents related to the complaint

11. On the enclosed separate sheet (Page 4), please provide the names, addresses and phone numbers of individuals who could provide information regarding this matter.

I certify that the information contained and the allegation/s outlined in this complaint are true and correct to the best of my knowledge.

Date

Signature of Complainant

Complaints will not be accepted without your signature and date.

This complaint has been accepted for review on: _____

Date

By: _____

Name of College/District Official (print)

Signature

You may also file your complaint with the State Chancellor's Office.
The address is:

**State Chancellor's Office
California Community Colleges
1102 Q Street
Sacramento, CA 95814-6511
Attention: Legal Affairs Division**

LIST OF WITNESSES

If there is anyone who could provide more information regarding this matter, please list names, addresses, and telephone numbers:

Please Print

NAME _____
Last First

ADDRESS _____
Street City State Zip Code

HOME PHONE NUMBER (____) _____

CELL PHONE NUMBER (____) _____

WORK PHONE NUMBER (____) _____

EMAIL ADDRESS _____

NAME _____
Last First

ADDRESS _____
Street City State Zip Code

HOME PHONE NUMBER (____) _____

CELL PHONE NUMBER (____) _____

WORK PHONE NUMBER (____) _____

EMAIL ADDRESS _____

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Last First

ADDRESS _____
Street City State Zip Code

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CELL PHONE NUMBER (____) _____

WORK PHONE NUMBER (____) _____

EMAIL ADDRESS _____