



Unlawful Discrimination Complaint Form

Name: _____
Last *First*

Address: _____
Street or P.O. Box *City* *State* *Zip*

Phone: Day (_____) _____ Evening (_____) _____

I Am A: Student Employee Other: _____

I Wish To Complain Against: _____

District: _____ College: _____

Date of Most Recent Incident of Alleged Discrimination: _____

(Nonemployment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment complaints must be filed within six months 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/Gender (includes Harassment)
- Color National Origin Religion Sexual Orientation
- Perceived to be in protected category or associated with those in protected category

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each incident 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 your religion, age, race, sex or whatever basis you indicated above. **If applicable, explain why you believe you were retaliated against for filing a complaint or asserting your right to be free from discrimination on any of the above grounds. (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.

Signature of Complainant

Date

Send **Original** to:

YCCD, Human Resources Office
2088 North Beale Road, Marysville, CA 95901