Los Rios Community College District
Discrimination Complaint Form

Name: ________________________________

Last First

Address: ________________________________

Street or P.O. Box City State Zip

Phone: Day (_____) Evening (_____)  

E-mail Address: ________________________________

I Am A: ☐ Student ☐ Employee ☐ Other: ________________________________________

I Wish To Complain Against:

District: Los Rios Community College District College/Location: ________________________________

Date of Most Recent Incident of Alleged Discrimination: ________________________________

(Non-employment complaints must be filed within one year of the date of the alleged discrimination. Employment complaints must be filed within six months of the date of the alleged discrimination.)

I Allege Discrimination Based on the Following Category Protected under Title 5: (you must select at least one):

☐ Age ☐ Marital Status ☐ Race
☐ Ancestry ☐ Medical Condition ☐ Religion or Religious Creed
☐ Color ☐ Military and Veteran Status ☐ Retaliation**
☐ Ethnic Group Identification ☐ National Origin ☐ Sex (includes harassment)
☐ Gender ☐ Physical or Mental Disability ☐ Sexual Identity
☐ Gender Expression ☐ Political Affiliation or Belief ☐ Sexual Orientation
☐ Gender Identity ☐ Pregnancy or Childbirth-related condition

☐ Association with a person or group with one or more of these actual or perceived characteristics (please provide explanation): ____________________________________________

☐ Other (please provide explanation): ____________________________________________

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 religion, age, race, sex or whatever basis you indicated above. ** If applicable, why you believe you were retaliated against for filing of complaint or asserting your rights to be free from discrimination on any of the above grounds. Attach additional pages as necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What would you like the College/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.

______________________________ Date______________________________
Signature of Complainant

Send Original to College Equity Officer or to: Chancellor’s Office, California Community Colleges
Chancellor’s Office, California Community Colleges
1102 Q Street, Sacramento, CA 95811-6549
Attention: Legal Affairs Division