UNLAWFUL DISCRIMINATION COMPLAINT FORM

(To be filed with the community college district involved in your allegations)

Name:										
	Last			First						
Address:										
	Street or I	P.O. Box			City	State	Zip			
Phone:			<u> </u>			_				
	Home/Cel	il .		Email						
I am a:		Student		Employee	Other:					
I wish to	wish to complain against the following individual(s):									
Name(s):	Name(s):									
District:				College:						
	Student		Employee		Other:					
	Journelli		Trilibiosec I		Other.					
Date of r	mast recei	nt inciden	t or alleged	discrimina	tion:					
			_		year of the date of the	alleged un	lowful			
-	-	-	-	-	ithin 180 days of the d	_	-			
	ation. Empi discriminat	•	Μιριαίπιο πιας	St De jiieu vvi	Illiiii 100 uuys oj inc ai	ale oj ine i	lliegeu			
-										
I allege d	liscrimina	tion based	d on the foll	lowing pro	tected categories:					
	Age		ļ		Military/Veteran Stat	tric				
	Ancestry				National Origin					
	Color				Physical/Mental Disa	bility				
	-	Ethnic Group			Race	,				
	Gender Ex	•			Religion					
	Gender Identification				Retaliation					
	Immigration Status				Sex/Gender					
	Marital Status				Sexual Orientation					
	Medical Condition				Other Protected Class (Explain):					
	1		•		_	` ' .				
What wo	ould you li	ke the Dis	strict to do	in response	e to your complaint?)				
ĺ										

Rev. 3/24/2020

			ged discrimination separately.
For each incident provi	•		
1) date(s) the discrimin2) name(s) of individua	-	•	ry conduct:
3) location of incident;	i(s) will participate	u III uisci IIIIIIaco	ny conduct,
4) what happened;			
5) witnesses (if any);			
6) why you believe the	conduct was motiv	ated by your pro	tected classification:
• • •			d against for filing a complaint
• • •			y of the above grounds.
or asserting your right	io de iree iroin disc		y or the above grounds.
(Attach additional page	s as necessary.)		
I certify that this inforn	nation is correct to	the hest of my kr	nowledge
recitify that this inform	iation is correct to	the best of my ki	lowledge.
Signature of Complaina	 nt		Date
Name of individual doc	umenting verbal co	mplaint:	
Title	Phone	Email	
	OFFIC	E USE ONLY	
Date complaint receive			
Date complaint receive	u		
Desci edli	_		T'11.
Received by			Title