

**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):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Age                         | <input type="checkbox"/> Marital Status                            | <input type="checkbox"/> Race                        |
| <input type="checkbox"/> Ancestry                    | <input type="checkbox"/> Medical Condition                         | <input type="checkbox"/> Religion or Religious Creed |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Military and Veteran Status               | <input type="checkbox"/> Retaliation**               |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> National Origin                           | <input type="checkbox"/> Sex (includes harassment)   |
| <input type="checkbox"/> Gender                      | <input type="checkbox"/> Physical or Mental Disability             | <input type="checkbox"/> Sexual Identity             |
| <input type="checkbox"/> Gender Expression           | <input type="checkbox"/> Political Affiliation or Belief           | <input type="checkbox"/> Sexual Orientation          |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> 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.**

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

Send **Original** to College Equity Officer or to:

Chancellor's Office, California Community Colleges  
1102 Q Street, Sacramento, CA 95811-6549  
Attention: Legal Affairs Division