



Unlawful Discrimination Complaint Form

1. Name: _____

2. Address: _____

3. Phone (Day): _____ Phone (Evening): _____

4. Email Address: _____

5. I am a: Student Employee Other: _____

6. I wish to complain against:

District: _____ College: _____

7. Date of most recent incident of alleged discrimination: _____

(Non-employment complaints must be filed within one (1) year of the alleged unlawful discrimination. Employment complaints must be filed within six (6) months of the date of the alleged unlawful discrimination.)

8. 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** (see below)
- Ancestry
- Mental Disability
- Race
- Sex/Gender (includes Harassment)
- Color
- National Origin
- Religion
- Sexual Orientation

9. Clearly state your complaint (attach additional pages as necessary). Describe each incident of alleged discrimination separately. for each action provide the following information: 1) Date(s) on which the discriminatory action occurred; 2) name(s) of individual(s) who discriminated; 3) what happened; 4) witnesses (if any); and 5) why you believe the discrimination was because of your protected group status you indicated in section 8 above (such as your race, sex, age, or religion).

** 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.

10. What would you like the District to do as a result of your complaint – what remedy are you seeking?

11. I certify that this information is to the best of my knowledge.

Signature of Complainant

Date

*Please submit this form to Human Resource Services, Room A-1 or mail to:
Palomar College, Human Resource Services, 1140 W. Mission Rd., San Marcos, CA 92069*