

SHASTA-TEHAMA-TRINITY JOINT COMMUNITY COLLEGE DISTRICT

11555 Old Oregon Trail

Redding, CA 96003

(530) 242-7640

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: _____

(Non-employment 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.)

Informal Resolution Attempted: Yes No Date commenced: _____

Name of District Officer involved in informal resolution: _____

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"/> Ethnic Group Identification | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Retaliation** |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sex/Gender (includes Harassment) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Medical/Genetic Condition |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Nation Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> 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.)*

If there is anyone who could provide more information regarding this, please list names, addresses, and phone numbers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

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 the District Human Resources Office, or:

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

(Revised 02/08)