

Appendix A  
Unlawful Discrimination Complaint Form

Name: _____				
		Last	First	
Address: _____				
Street or P.O. Box		City	State	Zip
Phone: Day (_____) _____		Evening (_____) _____		
I Am a: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> 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.)				
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				
What would you like the District to do as a result of your complaint and what remedy are you seeking?				