



Office of Human Resources & Employee Relations (661) 722-6300 ext. 6311 • Fax (661) 722-6321

UNLAWFUL DISCRIMINATION COMPLAINT FORM

(Return to: Antelope Valley College, 3041 West Ave. K, Lancaster, CA 93536 Attn: Human Resources)

Name: _____
Last First

Address: _____
Street or P.O. Box City State Zip

Phone: _____
Home/Cell Email

I am a: _____ Student _____ Employee _____ Other: _____

I wish to complain against the following individual(s):

Name(s): _____

District: _____ College: _____

_____ Student _____ Employee _____ Other _____

Date of most recent incident or 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 180 days of the date of the alleged unlawful discrimination.)

I allege discrimination based on the following protected categories:

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Status National Origin |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Physical/Mental |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability Race |
| <input type="checkbox"/> Ethnic Group Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Expressions | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Gender Identification | <input type="checkbox"/> Sex/Gender |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other Protected Class: (Explain) |
| <input type="checkbox"/> Medical Condition | _____ |
| <input type="checkbox"/> Military/Veteran | |

What would you like the District to do in response to your complaint?

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(s) of individual(s) who participated in discriminatory conduct;
- 3) location of incident;
- 4) what happened;
- 5) witnesses (if any);
- 6) why you believe the conduct was motivated by your protected classification;
- 7) 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.)

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

Signature of Complainant _____
Date

Name of individual documenting verbal complaint: _____

Title *Phone* *Email*

OFFICE USE ONLY

Date complaint received: _____

Received by _____
Title