Unlawful Discrimination Complaint Form
South Orange County Community College District
28000 Marguerite Parkway, Mission Viejo, CA 92692
Office of Human Resources (949) 582-4850 • www.socccd.edu

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:
□ Saddleback College  □ Irvine Valley College  □ District

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 upon the following category protected under Title 5: (select at least one):
□ Age                  □ Ethnic Group Identification  □ Physical Disability  □ Retaliation
□ Ancestry            □ Mental Disability          □ Race                  □ Sex (includes Harassment)
□ Color                □ National Origin           □ Religion              □ Sexual Orientation
□ Gender Expression/Identity □ Genetic Information
□ Perceived to be in a protected category or associated with those in a protected category

Clearly state your complaint: Describe each incident of alleged discrimination separately. For each action 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 the protected status you identified above.  
** If applicable, explain 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 District to do as a result of your complaint? What remedy are you seeking?

________________________________________________________
Signature of Complainant

________________________________________________________
Date

Send Original to the District, or: Chancellor’s Office California Community College
1102 Q Street, Sacramento, California 95814-6511
Attention: Legal Affairs Division

(Revised 06/12)