IMPERIAL VALLEY COLLEGE
Unlawful Discrimination Complaint Form

Name: _____
Last *First*

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

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

I wish to complain against *(Person, Program or Activity)*: _____

Date of most recent incident of alleged discrimination: _____
(Non-employment complaints must be filed within one (1) 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: *(Check only those which apply.)*

☐ Age	☐ Ethnic Group Identification	☐ Physical Disability	☐ Retaliation
☐ Ancestry	☐ Sex (includes harassment)	☐ Race	☐ Mental Disability
☐ Color	☐ National Origin	☐ Sexual Orientation	☐ Religion

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each action provide the following information: 1) date(2) 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 protected group status [religion, age, race, sex or whatever basis you indicated above] and/or, if applicable, why you believe you were retaliated against for filing of complaint or asserting your rights. (Attach additional pages as necessary.)

_____

_____

_____

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 Imperial Valley College, Human Resources Office, 380 E. Aten Road, Imperial, CA 92251, or to Chancellor's Office, California Community Colleges, Attention: Legal Affairs Division, 1102 Q Street, Sacramento, CA 95814-6511.