



PALOMAR COLLEGE
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: _____

*(Nonemployment 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 | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sex (includes Harassment) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |

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 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