



Unlawful Discrimination Complaint Form

Name: _____
Last First

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

Phone # _____ Email Address _____

I am a: Student Employee Other: _____

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

Name(s): _____

District (if other than Palomar College): _____

Student Employee Other: _____

Date of most recent incident or alleged discrimination: _____

Note: Non-employment-related 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 category(ies):

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

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. The date(s) the discriminatory action occurred.
2. The name(s) of individual(s) who participated in discriminatory conduct.
3. The location of incident.
4. A description of the incident.
5. Any witnesses to the incident.
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 based on your protected classification.

Please attach additional pages as necessary.

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

Signature of Person Filing Complaint

Date

Return this completed form:

- By mail:
Palomar College
Human Resource Services
c/o EEO and Title IX Office
1140 W. Mission Rd.
San Marcos, CA 92069
- By email: scohen@palomar.edu