

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

Last Name:		First Name:		
Address:				
City:		State:	:	_ Zip Code:
Home Phone: _	ne Phone: Cell Phone:			
Email:				
am a:	Student	Employee	Other	
Wish to Comp	olain Against:			
ocation:	Saddleback College	Irvine	Valley College	District
Employment co allege discrim Ag An Co	ination based upon the force Ethnic Groucestry Mental Disalor National Ornader Expression/Identity	pithin six months of collowing category prup Identification ability	the date of the a  otected under Ti  Physical Disabi  Race  Religion  Genetic Inforn	tle 5: (select at least one):  ility Retaliation **  Sex (includes Harassment)  Sexual Orientation  e in a protected category
what happene you identified **If applicable	d; 4) witnesses (if any); a above.	nd 5) why you belie	ve the discrimina	ne of individual(s) who discriminated; 3) ation was because of the protected statuge of the protected statuge of a complaint or asserting your right to be pages as necessary).
What would yo	ou like the District to do a	as a result of your co	omplaint? What I	remedy are you seeking?
I certify that th	is information is correct t	o the best of my kno	owledge.	
Signature of Co	omplainant		D	ate
_	to the District, or: Chancellor's Office California Community College 1102 Q Street, Sacramento, California 95811-6549 Attention: Legal Affairs Division			
(Revised 05/17)				