

28000 Marguerite Parkway, Mission Viejo, CA 92692-3635 • 949.582.4850 • www.socccd.edu

Saddleback College 🔸 Irvine Valley College 🔸 Advanced Technology & Education Park

## **Unlawful Discrimination Complaint Form**

Last Name:       First Name:         Address:	COMPLAINANT'S CONTACT INFORMATION	
City:	Last Name:	First Name:
Home Phone:       Cell Phone:         Email:	Address:	
Email:	City: Sta	te: Zip Code:
I am a:       Student       Employee       Other, describe:         SUBJECT(S) OF COMPLAINT         I wish to complain against the following individual(s):         Name(s):	Home Phone:	Cell Phone:
I am a:       Student       Employee       Other, describe:         SUBJECT(S) OF COMPLAINT         I wish to complain against the following individual(s):         Name(s):	Email:	
I wish to complain against the following individual(s):         Name(s):         Location:       Saddleback College         I rvine Valley College       District         They are a:       Student         Employee       Other, describe:         DESCRIPTION OF COMPLAINT         Date of Most Recent Incident of Alleged Discrimination:         (Complaints alleging discrimination in employment must be filed within <u>180 days</u> of the most recent alleged unlawful discrimination. All other complaints must be filed within <u>one year</u> of the most recent alleged unlawful discrimination.         I allege discrimination based upon the following protected categories under Title 5: (choose all that apply):         Age       Gender Identity         Marital Status       Pregnancy         Sexual Harassment       Sexual Harassment         Gender Expression       Medical Condition         Pregnancy/Childbirth/Breastfeeding/Related Medical Condition       Race         Preceived to be in a protected category or associated with those in a protected category         Clearly state your complaint:       In the space below, describe each incident of alleged discrimination separately. For each action provide the following information (attach additional pages as necessary):         1) date(s) the discriminatory action occurred;       2) name(s) of individual(s) who participated in discriminatory conduct;		
Location:       Saddleback College       Irvine Valley College       District         They are a:       Student       Employee       Other, describe:         DESCRIPTION OF COMPLAINT         Date of Most Recent Incident of Alleged Discrimination:		
They are a:       Student       Employee       Other, describe:         DESCRIPTION OF COMPLAINT         Date of Most Recent Incident of Alleged Discrimination:	Name(s):	
DESCRIPTION OF COMPLAINT         Date of Most Recent Incident of Alleged Discrimination:         (Complaints alleging discrimination in employment must be filed within <u>180 days</u> of the most recent alleged unlawful discrimination. All other complaints must be filed within <u>one year</u> of the most recent alleged unlawful discrimination.         I allege discrimination based upon the following protected categories under Title 5: (choose all that apply):         Age       Gender Identity         Military or Veteran Status       Religion         Ancestry       Genetic Information         Otor       Immigration Status         Physical or Mental Disability       Sex or Gender         Ethnicity       Marital Status         Pregnancy/Childbirth/Breastfeeding/Related Medical Condition       Race         Perceived to be in a protected category or associated with those in a protected category         Clearly state your complaint: In the space below, describe each incident of alleged discrimination separately. For each action provide the following information (attach additional pages as necessary):         1) date(s) the discriminatory action occurred;       2) name(s) of individual(s) who participated in discriminatory conduct;	Location: Saddleback College Irvine Valley	College District
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Ancestry       Genetic Information       National Origin       Retaliation**         Color       Immigration Status       Physical or Mental Disability       Sex or Gender         Ethnicity       Marital Status       Pregnancy       Sexual Harassment         Gender Expression       Medical Condition       Race       Sexual Orientation         Pregnancy/Childbirth/Breastfeeding/Related Medical Condition       Race       Sexual Orientation         Perceived to be in a protected category or associated with those in a protected category       Separately. For each action provide the following information ( <i>attach additional pages as necessary</i> ):       1) date(s) the discriminatory action occurred;       2) name(s) of individual(s) who participated in discriminatory conduct;	Date of Most Recent Incident of Alleged Discrimination: _ (Complaints alleging discrimination in employment must discrimination. All other complaints must be filed within I allege discrimination based upon the following protected	be filed within <u>180 days</u> of the most recent alleged unlawful <u>one year</u> of the most recent alleged unlawful discrimination.) d categories under Title 5: ( <i>choose all that apply</i> ):
Color       Immigration Status       Physical or Mental Disability       Sex or Gender         Ethnicity       Marital Status       Pregnancy       Sexual Harassment         Gender Expression       Medical Condition       Race       Sexual Orientation         Pregnancy/Childbirth/Breastfeeding/Related Medical Condition       Preceived to be in a protected category or associated with those in a protected category         Clearly state your complaint:       In the space below, describe each incident of alleged discrimination separately. For each action provide the following information ( <i>attach additional pages as necessary</i> ):       1) date(s) the discriminatory action occurred;         2) name(s) of individual(s) who participated in discriminatory conduct;       Sexual (sexual Conduct)		
Ethnicity       Marital Status       Pregnancy       Sexual Harassment         Gender Expression       Medical Condition       Race       Sexual Orientation         Pregnancy/Childbirth/Breastfeeding/Related Medical Condition       Preceived to be in a protected category or associated with those in a protected category         Clearly state your complaint: In the space below, describe each incident of alleged discrimination separately. For each action provide the following information ( <i>attach additional pages as necessary</i> ):       1) date(s) the discriminatory action occurred;         2) name(s) of individual(s) who participated in discriminatory conduct;       2) name(s) of individual(s)		
<ul> <li>Pregnancy/Childbirth/Breastfeeding/Related Medical Condition</li> <li>Perceived to be in a protected category or associated with those in a protected category</li> <li>Clearly state your complaint: In the space below, describe each incident of alleged discrimination separately. For each action provide the following information (<i>attach additional pages as necessary</i>):         <ol> <li>date(s) the discriminatory action occurred;</li> <li>name(s) of individual(s) who participated in discriminatory conduct;</li> </ol> </li> </ul>		Pregnancy Sexual Harassment
<ul> <li>Perceived to be in a protected category or associated with those in a protected category</li> <li>Clearly state your complaint: In the space below, describe each incident of alleged discrimination separately. For each action provide the following information (<i>attach additional pages as necessary</i>):         <ol> <li>date(s) the discriminatory action occurred;</li> <li>name(s) of individual(s) who participated in discriminatory conduct;</li> </ol> </li> </ul>	Gender Expression Medical Condition	Race Sexual Orientation
Clearly state your complaint: In the space below, describe each incident of alleged discrimination separately. For each action provide the following information ( <i>attach additional pages as necessary</i> ): 1) date(s) the discriminatory action occurred; 2) name(s) of individual(s) who participated in discriminatory conduct;		
<ul> <li>action provide the following information (attach additional pages as necessary):</li> <li>1) date(s) the discriminatory action occurred;</li> <li>2) name(s) of individual(s) who participated in discriminatory conduct;</li> </ul>	_	
4) what happened; 5) witnesses (if any); and 6) why you believe the discrimination was motivated by the protected status(es) you identified.	<ul> <li>action provide the following information (attach addition 1) date(s) the discriminatory action occu</li> <li>2) name(s) of individual(s) who participa</li> <li>3) location of incident;</li> <li>4) what happened;</li> <li>5) witnesses (if any); and</li> </ul>	nal pages as necessary): urred; uted in discriminatory conduct;

free from discrimination on any of the above grounds.

1. Date(s) the discrimination action	n occurred:	
2. Name(s) of individual(s) who pa	rticipated in discriminat	ory conduct:
3. Location of Incident:		
4. What happened:		
5. Witness(es), if any:		
6. Why you believe the discriminat	ion was motivated by th	ne protected status(es) you identified:
What would you like the District to	do as a response to your	complaint? What remedy are you seek
	, , , , , , , , , , , , , , , , ,	1 7 7
CERTIFICATION: I certify that this in	formation is correct to t	he best of my knowledge
		ne best of my knowledge.
Signature of Complainant (sign or ty	/pe to sign)	Date
Send <b>Original</b> to the District:		unty Community College District nancellor of Human Resources
	28000 Marguerite	
	Mission Viejo, CA 9	-

( HR Revised 01/2025)