



LOS ANGELES COMMUNITY COLLEGE DISTRICT
770 Wilshire Boulevard
Los Angeles, CA 90017

UNLAWFUL DISCRIMINATION COMPLAINT FORM

This complaint was filed at: LACC \_\_\_ ELAC \_\_\_ LAHC \_\_\_ LAMC \_\_\_

LAPC \_\_\_ LASWC \_\_\_ LATTC \_\_\_ LAVC \_\_\_ WLAC \_\_\_ ED.SERV.CENTER \_\_\_

1. Name of person filing this complaint: (Please print)

(Only faculty and administrators acting in their official capacity are permitted to file a complaint on behalf of others)

NAME Last First Middle

ADDRESS

City State Zip Code

HOME PHONE NO. ( ) BUS.PHONE NO. ( )

2. I am a: STUDENT \_\_\_ STUDENT WORKER \_\_\_ FACULTY \_\_\_ CLASSIFIED \_\_\_

ADMINISTRATOR \_\_\_ SUPERVISOR \_\_\_ APPLICANT \_\_\_ OTHER \_\_\_

3. Name of person discriminated against (if other than person filing):

NAME Last First Middle

ADDRESS

City State Zip Code

STATUS: STUDENT \_\_\_ STUDENT WORKER \_\_\_ FACULTY \_\_\_ CLASSIFIED \_\_\_

ADMINISTRATOR \_\_\_ SUPERVISOR \_\_\_ APPLICANT \_\_\_ OTHER \_\_\_

HOME PHONE NO. ( ) BUS.PHONE NO. ( )

4. Please identify the name(s) of the person(s) or the institution who you alleged discriminated against.

NAME(S)

Please print

INSTITUTION \_\_\_\_\_

**Page 2 (Complaint Form)**

- 5. Cause of discrimination based on:**  race  color  sex  age  
 sexual harassment  sexual orientation  religion  
 retaliation  national origin  ethnic group identification  
 ancestry  physical disability  mental disability  
 Perceived to be in protected category or associated with those in protected category.

- 6. How do you feel you were discriminated against? Please explain Who, what, where, how and when. (attach additional sheets if necessary)**

---

---

---

---

- 7. What is the most recent date you were discriminated against?**

\_\_\_\_\_

(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 discrimination)

- 8. The earliest date you were discriminated against?**

\_\_\_\_\_

- 9. What remedial action(s) do you propose?**

---

---

---

---

- 10. If you have any documents related to the complaint, please attach a copy.**

- 11. On the enclosed separate sheet, please provide the names,**



**LIST OF WITNESSES**

If there is anyone who could provide more information regarding this matter, please list names, addresses, and telephone numbers:

Please print

NAME \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street City State Zip  
Code

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street City State Zip  
Code

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street City State Zip  
Code

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_