

<b>SANTA MONICA COMMUNITY COLLEGE DISTRICT</b>
<b>OFFICE OF HUMAN RESOURCES</b>

**ALLEGED DISCRIMINATION/HARASSMENT COMPLAINT**

**PERSONAL INFORMATION**

NAME: <i>(PLEASE PRINT)</i>		DATE:	
ADDRESS:	CITY:	ZIP CODE:	
HOME TELEPHONE NO:		ADDITIONAL TELEPHONE NO:	
CAN BE REACHED DURING THE HOURS OF:		CAN BE REACHED DURING THE HOURS OF:	

**COMPLAINT INFORMATION**

I wish to complain against: <i>(name of person, college, program or activity)</i>
Address:

**Date of Most Recent Incident 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)*

**Were you discriminated against because of your:** *(please check only those which apply):*

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Color       | <input type="checkbox"/> Physical Disability       |
| <input type="checkbox"/> Religion                    | <input type="checkbox"/> Race        | <input type="checkbox"/> Mental Disability         |
| <input type="checkbox"/> National Origin             | <input type="checkbox"/> Age         | <input type="checkbox"/> Sexual Orientation        |
| <input type="checkbox"/> Ancestry                    | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sex (includes Harassment) |
| <input type="checkbox"/> Other                       | <input type="checkbox"/> Gender      |  |

**Clearly state your complaint.** Describe each incident of alleged discrimination/harassment separately. For each action provide the following information: **1)** date(s) the discriminatory action/harassment occurred; **2)** name of individual(s) who discriminated/harassed; **3)** what happened; **4)** witnesses (if any); and **5)** why you believe the discrimination/harassment 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)*


**COMPLAINT INFORMATION** (cont.d)**Date of Alleged Discrimination/Harassment:**

If there is any one who could provide more information regarding the incident, please list names, addresses and telephone numbers:

NAME: <i>(PLEASE PRINT)</i>		DATE:
ADDRESS:	CITY:	ZIP CODE:
HOME TELEPHONE NO:	ADDITIONAL TELEPHONE NO:	
CAN BE REACHED DURING THE HOURS OF:	CAN BE REACHED DURING THE HOURS OF:	

NAME: <i>(PLEASE PRINT)</i>		DATE:
ADDRESS:	CITY:	ZIP CODE:
HOME TELEPHONE NO:	ADDITIONAL TELEPHONE NO:	
CAN BE REACHED DURING THE HOURS OF:	CAN BE REACHED DURING THE HOURS OF:	

NAME: <i>(PLEASE PRINT)</i>		DATE:
ADDRESS:	CITY:	ZIP CODE:
HOME TELEPHONE NO:	ADDITIONAL TELEPHONE NO:	
CAN BE REACHED DURING THE HOURS OF:	CAN BE REACHED DURING THE HOURS OF:	

NAME: <i>(PLEASE PRINT)</i>		DATE:
ADDRESS:	CITY:	ZIP CODE:
HOME TELEPHONE NO:	ADDITIONAL TELEPHONE NO:	
CAN BE REACHED DURING THE HOURS OF:	CAN BE REACHED DURING THE HOURS OF:	

NAME: <i>(PLEASE PRINT)</i>		DATE:
ADDRESS:	CITY:	ZIP CODE:
HOME TELEPHONE NO:	ADDITIONAL TELEPHONE NO:	
CAN BE REACHED DURING THE HOURS OF:	CAN BE REACHED DURING THE HOURS OF:	

