

(To be filed with the community college district involved in your allegations)

Last

First

Street or P.O. Box

City

State

Zip

Home/Cell

Email

Student

Employee

Other:

Student

Employee

Other:

V

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Age

Ancestry

Color

Ethnic Group

Gender Expression

Gender Identification

Immigration Status

Marital Status

Medical Condition

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Military/Veteran Status

National Origin

Physical/Mental Disability

Race

Religion

Retaliation

Sex/Gender

Sexual Orientation

Other Protected Class (Explain):

*(Attach additional pages as necessary.)*

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Title*

Students: Submit form to Student Services  
Employees: Submit form to Human Resources