



**Unlawful Discrimination Complaint Form
Sonoma County Junior College District
(Santa Rosa Junior College)**

Name: _____
Last
First

Address: _____
Street or P.O. Box
City
State
Zip

Phone: Day (_____) Evening (_____)

I Am A: Student Employee Other: _____

I Wish To Complain Against: _____

District: _____ College: _____

Date of Most Recent Incident of Alleged 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.)

I Allege Discrimination Based on the Following Category Protected under Title 5 (you must select at least one):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Retaliation** |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sex (includes Harassment) |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Perceived to be in protected category or associated with those in protected category | | | |

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each incident provide the following information: 1) date(s) the discriminatory action occurred; 2) name of individual(s) who discriminated; 3) what happened; 4) witnesses (if any); and 5) why you believe the discrimination was because of your religion, age, race, sex or whatever basis you indicated above. **If applicable, explain why you believe you were retaliated against for filing a complaint or asserting your right to be free from discrimination on any of the above grounds. (Attach additional pages as necessary.)

What would you like the District to do as a result of your complaint -- what remedy are you seeking? _____

I certify that this information is correct to the best of my knowledge.

_____ _____

Signature of Complainant *Date*

Send **Original** to the District:
 Karen Furukawa-Schlereth, Vice President of Human Resources
 Sonoma County Junior College District
 1501 Mendocino Avenue, Santa Rosa CA 95401
 Telephone: 707-527-4954