



PASADENA AREA COMMUNITY COLLEGE DISTRICT

1570 E. Colorado Blvd., Pasadena, CA 91106

Unlawful Harassment & Discrimination Complaint

Name: \_\_\_\_\_
Last First

Address: \_\_\_\_\_
Street or P.O. Box City State Zip

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

I am a: [ ] Student [ ] Faculty [ ] Staff/Administrator [ ] Other \_\_\_\_\_

I wish to complain against: [ ] Student [ ] Faculty [ ] Staff/Administrator [ ] Other \_\_\_\_\_

Name(s): \_\_\_\_\_

Date of most recent incident(s) of alleged harassment or discrimination: \_\_\_\_\_

(Non-employment complaints must be filed within one (1) year of the date of the alleged discrimination/harassment. The complaint may also be filed with the Office for Civil Rights of the U.S. Department of Education (OCR). Employment complaints must be filed within 180 days of the date of the alleged discrimination/harassment. The complaint may also be filed with the U.S. Equal Employment Opportunity Commission (EEOC) or the Department of Fair Employment and Housing (DFEH) where such complaint is within their jurisdiction.)

Complaint: I allege harassment/discrimination based on the following California protected category(s):

(You must select at least one)

Table with 4 columns and 7 rows listing protected categories: Age (40 and older), Color, Gender/Gender Identity, Genetic Information, Marital Status, Medical Condition, Military or Veteran Status, Mental Disability, National Origin, Physical Disability, Race/Ethnicity, Religion, Retaliation, Sex (including pregnancy), Sexual Orientation, and Perceived association with a member of a protected group.

Statement: Clearly state your complaint. Describe each incident of alleged discrimination/harassment.

For each action provide the following information: 1) date(s) the discriminatory/harassment action 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 [basis you indicated above] and/or, if applicable, why you believe you were retaliated against for filing a complaint or asserting your rights. (Attach additional pages as necessary.)

Four horizontal lines for writing the statement.

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**Witnesses:** List name(s) and contact number(s) of anyone who may have witnessed the incident:

Name: \_\_\_\_\_ Contact Number \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Number \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

**Resolution:** What would you like the District to do to resolve this issue:

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**Has informal resolution been attempted?**  Yes  No Type: \_\_\_\_\_ Date: \_\_\_\_\_

*Describe informal process (if any) and results:*

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send Original To:

PCC District Officer  
Office of Human Resources  
1570 E. Colorado Boulevard, C204  
Pasadena, CA 91106  
(626) 585-7388

OR

You may also file your complaint with:

California Community College  
Chancellor's Office  
1002 Q Street  
Sacramento, CA 95811-6549  
(916) 445-8752