

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.)

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?

Have you addressed this issue directly with the Accused? Yes No Date:

If so, describe the process and response (if any):

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

Signature: _____ Date: _____

Send original to:

Vice President of Human Resources
Office of Human Resources
1570 E. Colorado Boulevard
Room C204
Pasadena, CA 91106
(626) 585-7388

Superintendent/President
President's Office
1570 E. Colorado Boulevard
Room C235
Pasadena, CA 91106
(626) 585-7201

Complaint may also be filed with:

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