

## Lassen Community College Unlawful Discrimination Complaint Form

Name:				First				
Address:						1 77.57		
Audiess.	Street or P.O. Box			City		State	Zip	
Phone: Day (	)		Eveni	ng <u>(</u>	)			
I Am A:	☐ Student ☐	Employee		Other:				
I Wish To Comp	lain Against:							
District:			College: _					
(Nonemployme	cent Incident of Allegent complaints must be file stated within six mont	ed within one yed	ar of the date	of the alleg	ged unlawj	ful discriminat	ion. Employment	
I Allege Discrim	ination Based on the l	Following Cate	egory Prote	cted unde	er Title 5	(you must se	elect at least one):	
☐ Age ☐ Ancestry ☐ Color ☐ Perceived	try			Physical Disability Race Religion		Retaliation**  Sex/Gender (includes Harassment)  Sexual Orientation		
provide the follo discriminated; 3 your religion, ag were retaliated a	or complaint. Describe wing information: 1) what happened; 4) we, race, sex or whatever against for filing a context (Attach additional page)	date(s) the dis vitnesses (if an er basis you in aplaint or asse	scriminatory ny); and 5) we ndicated abour i	y action o why you b ove. **If	occurred elieve th applicab	; 2) name of e discrimina le, explain w	individual(s) who tion was because of thy you believe you	
What would you	like the District to do	as a result of	your compl	aint wl	nat reme	dy are you s	eeking?	
I certify that thi	s information is corre	ct to the best o	of my knowl	edge.				
	Signature of Com  : Lassen Community C	•				Date	e ommunity Colleges	

P.O. Box 3000

Susanville, CA 96130 Attention Human Resources 1102 Q Street,

Sacramento, California 95811-6549 Attention: Legal Affairs Division