

## CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT Unlawful Discrimination Complaint Form

Name:				
Last			First	
Address:  Street or P.O. Box	City	 State	Zip	
Phone: Day ( )	•	)	•	
I Am A:		,	_	
1 .,	_			
I Wish To Complain Against:				
District: C	College:			
Date of Most Recent Incident of Alleged Discriminatio (Nonemployment complaints must be filed within one year of complaints must be filed within six months of the date of the	of the date of the al	leged unlawful discriminatior discrimination.)	n. Employment	
I Allege Discrimination Based on the Following Categor	ory Protected un	der Title 5 (you must sele	ct at least one):	
☐ Ancestry ☐ Mental Disability ☐ F	Religion  th those in protected  of alleged discrir  riminatory action ; and 5) why you cated above. ** ing your right to	nination separately. For n occurred; 2) name of in n believe the discrimination If applicable, explain why no be free from discrimination	each incident dividual(s) who on was because of y you believe you cion on any of the	
I certify that this information is correct to the best of my knowledge.				
Signature of Complainant		Date		
Send <b>Original</b> to the District (below),	,			
Chabot-Las Positas Community College District Attention: Human Resources 7600 Dublin Boulevard, 3rd Floor Dublin, CA 94568	Attention: 1102 Q St	or's Office, California Com Legal Affairs Division creet to, California 95811-6549	munity Colleges	

(Revised 08/13)