

FEATHER RIVER COMMUNITY COLLEGE DISTRICT
ATTN: HUMAN RESOURCES
EQUAL EMPLOYMENT OFFICER
570 GOLDEN EAGLE AVENUE
QUINCY, CALIFORNIA 95971
(530) 283-0202 ext. 280

ALLEGED DISCRIMINATION/ HARASSMENT COMPLAINT FORM

Please print or type form

Name: _____ Date: _____

Mailing Address: _____

Phone: _____ Message: _____

I am (check one): employee _____ student _____

I WISH TO COMPLAIN AGAINST:

Name of person, college, program, or activity: _____

Location of name listed above: _____

I ALLEGE DISCRIMINATION BASED ON THE FOLLOWING CATEGORY PROTECTED UNDER TITLE 5 or TITLE IX (check all that apply):

- | | | |
|-----------------------------------|--|---------------------------|
| _____ Race | _____ National Origin | _____ Marital Status |
| _____ Religious Creed | _____ Age | _____ Color |
| _____ Sex | _____ Ancestry | _____ Physical Disability |
| _____ Sexual Harassment | _____ Sexual Orientation | _____ Mental Disability |
| _____ Ethnic Group Identification | _____ Sexual Misconduct/Assault (TITLE IX) | |
| _____ Retaliation** | | |

Other (please specify): _____

How do you believe you were discriminated against/ harassed (attach additional pages if necessary):

Date of alleged discrimination/ harassment: _____

(Non-employment 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.)

(please continue on reverse side of form)

Location of alleged discrimination/ harassment if different from above: _____

Please list any witnesses to the alleged discrimination/ harassment or anyone who could provide further information:

Name

Address

Phone Number

What do you believe is the appropriate action or remedy that would fully resolve this complaint?

I certify under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, _____, at
Day Month Year

City County State

Signature of Complainant

**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.

Please submit completed form to:

Equal Employment Officer
Human Resources Office
570 Golden Eagle Avenue
Quincy, California 95971
(530) 283-0202 x 280