GLENDALE COMMUNITY COLLEGE DISTRICT
UNLAWFUL DISCRIMINATION COMPLAINT

803 Form

PLEASE PRINT

NAME: _____ DATE: _____

ADDRESS: _____
Street/P.O. Box City State Zip

HOME PHONE ( ) _____ OTHER PHONE/MESSAGE SOURCE ( ) _____

What are the best times to be contacted: _____

I WISH TO COMPLAIN AGAINST:

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

Address: _____
Street City State Zip

Were you discriminated against because of your: (please check only those which apply)

_____ Ethnic Group Identification _____ Color

_____ Religion _____ Sexual Harassment _____ Physical Disability

_____ Age _____ Sex _____ Mental Disability

How do you feel you were discriminated against: _____

_____

_____

Date of alleged discrimination _____

If there is any one who could provide more information regarding this, please list names, addresses, and phone numbers.

Name Address Phone

_____

_____

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

_____
Signature of Complainant

Instructions: Original copy for the District. Give one copy to the complainant. Forward one copy to the Chancellor's Office: CCC, 1107 Ninth Street, Sacramento, CA 95814.