

Office of Human Resources



Equal Employment Opportunity Violation Complaint Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am a/an:      Applicant      Student      Faculty      Staff/  
   Administrator      Other  
I wish to complain against:      District      Faculty      Staff/  
   Administrator      Other

Name(s): \_\_\_\_\_

Date of most recent act(s) or event of Equal Employment Opportunity Violation:  
*(Reports must be filed within sixty (60) days of the date of the act or event that is the subject of the allegation[s]).*

**Complaint: By signing below, I assert that I have a reasonable belief that an equal employment opportunity violation has occurred in violation of state or federal law and the District Policy involving the below category(ies):**

*(You must select at least one and identify which category: race/ethnicity, gender, disability, sexual orientation, or other)*

Race/Ethnicity      Disability      Gender      Sexual Orientation  
Other      Description: \_\_\_\_\_

**Statement: Clearly state your complaint. Describe each incident of alleged Equal Employment Opportunity violation. For each action, provide the following information: 1) date(s) action occurred; 2) name of individual(s) or department(s) that participated in activity; 3) what happened; and 4) why you believe the action was in violation of state or federal law, or the District Equal Employment Opportunity Policy. (Attach additional pages as necessary.)**

Witness(es): List name(s) and contact number(s) of anyone who may have witnessed the incident:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Pasadena Area Community College District/ Office of Human Resources  
Form IND-EE001 Equal Employment Opportunity Complaint Form

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Documentation (*List any documentation you may have or that may be available to support your allegation(s)*):

Did you verbally report the issue to anyone?     No            Yes    Name:

Date:

Describe to whom you reported, what happened, and results (if any):

Resolution: What would you like the District to do to resolve this issue?

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