

Original Print Date:

Monday, August 21, 2006

Date Submitted:

Victor Valley Community College ADA Complaint Form

All information contained in this form is strictly confidential.

Name:

(Last, First, M.I.)

M

F

DOB

Street Address:

City/State/Zip:

Email:

Phone:

I am a: Student Staff Faculty Community Member Other (Please List)

I Wish To Complain Against:

Date of Discrimination
Incident:

*(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)*

**I Allege Discrimination Based on the Following Disability Category
Protected under Title 5: (you must select at least one):**

Physical Disability Learning Disability Mental Disability
Communication Disability Other (Please List)

Clearly state your complaint. Describe each incident of alleged discrimination separately. For each action provide the following information: 1) date(s) the discriminatory action occurred and documentation of the disability 2) name of individual(s) who discriminated; 3) what happened; 4) witnesses (if any); 5) why you believe the discrimination was because of protected group status [religion, age, race, sex or whatever basis you indicated above] and/or, if applicable, why you believe you were retaliated against for filing of complaint or asserting your rights. ***(Attach additional pages as necessary.)***

What would you like the District to do as a result of your complaint -- what remedy are you seeking?

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

Signature of Complainant

Date

Send **Original** to the ADA Coordinator at:

Victor Valley Community College District, 18422 Bear Valley Road, Victorville, CA 92395

Received by _____ date: _____