

IV. Basis of Complaint (Please check the appropriate box)

... Discrimination or Harassment

Please check the following box(es), based on the type(s) of discrimination or harassment you experienced (Education Code §§ 200 and 220, Government Code §11135), including actual or perceived:

- | | |
|--------------------------------|---|
| ...Sexual orientation | ...Religion |
| ...Gender/Sex | ...Color |
| ...Ethnicity | ...AB9/Seth's Law |
| ...Race/Ethnicity | ...Ancestry |
| ...Gender Expression | ...Mental or physical disability |
| ...Gender Identity | ...Age |
| ...National origin/Nationality | ...Association with any of these categories |
| | ...Sexual Harassment |

What steps , if any, have you taken to resolve this issue before filing a complaint? _____

The proposed r emedy , if any, that is being requested: _____
