



**United States Department of Education
Office for Civil Rights**

DISCRIMINATION COMPLAINT FORM

You do not have to use this form to file a complaint with the U.S. Department of Education's Office for Civil Rights (OCR). You may send OCR a letter or email instead of this form, but the letter or email must include the information in items 1-15 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed. An online, fillable version of this form, which can be submitted electronically, can be found at:
<http://www.ed.gov/about/offices/list/ocr/complaintintro.html>

Before completing this form, please read all information contained in the enclosed packet including: Information About OCR's Complaint Resolution Procedures, Notice of Uses of Personal Information and the Consent Form.

If you have questions about civil rights or how to file a complaint, you may contact OCR at 800-421-3481, 800-877-8339 (TTY), OCR@ed.gov, or by calling the enforcement office that serves your state or territory. Contact information for enforcement offices can be found at: <https://ocrcas.ed.gov/contact-ocr>.

If you have difficulty understanding English, you may, free of charge, request language assistance services for this Department information by calling 1-800- USA-LEARN (1- 800-872-5327) (TTY: 1-800-877-8339), or email us at: Ed.Language.Assistance@ed.gov. If you are a person with a disability, you may request disability-related assistance by contacting OCR at 800-421-3481, 800-877-8339 (TTY), OCR@ed.gov, or by calling the enforcement office that serves your state or territory. Contact information for enforcement offices can be found at: <https://ocrcas.ed.gov/contact-ocr>. To request this document in an alternate format such as Braille or large print please contact the Department at 202-260-0852 or om_eeos@ed.gov.

Page 2 of 11 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

1. Name of person filing this complaint:

Last Name: (b)(6); (b)(7)(A); (b)(7)(C) **First Name:** (b)(6); (b)(7)(A); (b)(7)(C) **Address:**
(b)(6); (b)(7)(A); (b)(7)(C)
City: (b)(6); (b)(7)(A); (b)(7)(C) **State:** (b)(6); (b)(7)(A) **Zip Code:** (b)(6); (b)(7)(A); (b)(7)(C)
Primary number: (b)(6); (b)(7)(A); (b)(7)(C) **Alternate number:** (b)(6); (b)(7)(A); (b)(7)(C)
Email Address: (b)(6); (b)(7)(A); (b)(7)(C)

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent, guardian, or other authorized legal representative is required.

Last Name: _____ **First Name:** _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____
Primary Phone: _____ **Alternative Phone:** _____
Email Address: _____

3. OCR investigates discrimination complaints against schools, colleges and universities, institutions, and agencies which receive funds or other forms of financial assistance from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Western University of Health Sciences
Address: 309 E Second Street Pomona
City: Pomona **State:** CA **Zip Code:** 91766
Department/School: (b)(6); (b)(7)(A); (b)(7)(C)

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, or age. The regulations also ban retaliation against persons who assert the right to be free from discrimination. Please note the following:

- Discrimination based on race, color, and national origin includes failure to provide meaningful access to English learners and limited English proficient parents and guardians, as well as discrimination based on shared ancestry or ethnic characteristics or based on citizenship in a country with a dominant religion.

Page 3 of 11 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

- Discrimination based on sex includes discrimination based on sex stereotypes, pregnancy or related conditions, sexual orientation, and gender identity, as well as rules about parental, family, or marital status that treat people differently based on sex.
- Discrimination based on disability includes discrimination against individuals who have a physical or mental impairment that substantially limits a major life activity, as well as individuals who have a record of or are regarded as having a disability.
- Discrimination based on age does not limit protection against discrimination to a certain age group (e.g., people over 40); however, there are a variety of exceptions to the relevant Federal law that may permit age to be taken into account.
- Retaliation refers to actions taken for the purpose of interfering with any rights under the laws enforced by OCR, or because you made a complaint, testified, or participated in any manner in an OCR proceeding.

Please indicate the basis of your complaint:

Discrimination based on race (specify)

Every time, I made a complaint with the school, it automatically denied because

I was (b)(6); (b)(7)(A); (b)(7)(C)

Discrimination based on color (specify)

(b)(6); (b)(7)(A); (b)(7)(C) repeatedly made comments about

my skin color during multiple incidents, remarking on (b)(6); (b)(7)(A); (b)(7)(C)

(b)(6); (b)(7)(A); (b)(7)(C)

Discrimination based on national origin (specify)

I was born and raised in a (b)(6); (b)(7)(A); During one of my meetings with (b)(6); I wanted to understand why I had been treated so unfairly.

She mentioned that was due to my culture and (b)(6); (b)(7)(A); (b)(7)(C)

Also, she told me that it is time to accept this fact and not be adamant about it.

Discrimination based on sex (specify)

Discrimination **based on disability (specify)**

Discrimination **based on age (specify)**

Retaliation because you filed a complaint or otherwise asserted rights under laws enforced by OCR (specify)

After filing the complaint, Western University of Health Sciences staff including Dean and title IX coordinator rather than trying to solve my issues

they have taken retaliatory actions by sanctioning me and etc.

In addition, they have told me several times, if I continue to make more complaints, they will

Violation of the Boy Scouts of America Equal Access Act (specify)

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

See attached Document

6. Do you have documents or written information that you think will help us to understand your complaint?
- No
 Yes

If yes, please describe the documents or written information you have.

Yes, I have made multiple complaints to the (b)(6); (b)(7)(A); (b)(7)(C) Western U

general counsel and even to (b)(6); (b)(7)(A); I have all of my email correspondence

and my petitions filed with the school.

If OCR investigates your complaint, we may ask you to provide us the items you describe above.

7. What is the most **recent date** you were discriminated against?

Date: (b)(6); (b)(7)(A); (b)(7)(C)

8. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why did not file your complaint within 180 days.

9. Have you complained about the allegations that you raise in this complaint to your school, institution, or another organization or agency?

YES NO

If yes, have you complained about the allegations that you raise in this complaint by:

filing an internal complaint or appeal with your school or institution?

participating in your school or institution's grievance procedures?

participating in a due process hearing either at your school or institution, or through another organization or government agency?

If you answered **yes to any of the above questions**, please describe the allegations that you raised in an internal complaint or appeal, through your school or institution’s grievance procedures, or in a due process hearing, identify the date you complained about the allegations and where you made the complaint, and tell us the status of the complaint, appeal, grievance procedures, or due process hearing. If possible, please provide us with a copy of your complaint or grievance or appeal or due process request and, if completed, the decision in the matter.

I (b)(1) enrolled in the (b)(6) program at Western University of Health Sciences. Subsequently, my daily experiences within the program became fraught with (b)(6):

Moreover, my efforts to contribute positively to the school community through extracurricular involvement were met with unfounded allegations orchestrated by the (b)(6) of the program

Even though I tried to apply for opportunities outside of the school still related to (b)(1) the chairman of the organization called me two hours prior to the meeting and told me that he had to re

10. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: _____

Date Filed: _____

Case Number or Reference: _____

Results of Investigation/Findings by Agency or Court:

11. You do not need to have a lawyer to file a complaint with OCR; however, if you do have a lawyer, OCR staff are required to communicate directly with your lawyer. If you have a lawyer representing you in this matter, please provide the lawyer’s contact information.

Last Name: _____ **First Name:** _____

Telephone: _____ **Email:** _____

12. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Last Name: (b)(6); (b)(7)(A); (b)(7)(C) _____ **First Name:** (b)(6); (b)(7)(A); (b)(7)(C) _____

Telephone: (b)(6); (b)(7)(A); (b)(7)(C) _____ **Email:** N/A _____

