



FOOTHILL-DE ANZA  
Community College District

# FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT UNLAWFUL DISCRIMINATION COMPLAINT FORM STUDENT-TO-STUDENT COMPLAINTS

**PLEASE PRINT**

Complainant (Name): \_\_\_\_\_

Complainant Status:  Foothill Student  De Anza Student  Other(Please Specify)\_\_\_\_\_

**Name of individual(s) complaint is against:**

**Date of Most Recent Incident of Alleged Discrimination:** \_\_\_\_\_

*(Complaints must be filed within one year of the date of the alleged unlawful discrimination)*

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

- Age
- Ethnic Group Identification
- Physical Disability
- Retaliation
- Marital Status
- Ancestry
- Mental Disability
- Race
- Sex (includes Harassment)
- Color
- National Origin
- Religion
- Sexual Orientation

**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; 2) what happened; and 3) why you believe the action was discriminatory and/or, if applicable, why you believe you were retaliated against for filing a complaint or asserting your rights. (Attach additional pages as necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What would you like the District/College to do as a result of your complaint -- what remedy are you seeking?:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS TO COMPLAINANT:**

**Please complete the information listed below. This information will be kept strictly confidential and will not be given to the respondent.**

Address: \_\_\_\_\_  
*Street or P.O. Box City State Zip*

Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

**Please list the names, addresses and phone numbers of any witnesses to the alleged discrimination:**

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

Send **Original** copy to the designated Campus Coordinator at the College where the incident occurred.

**De Anza College complaints** should be sent to:

**Trudy J. Walton**  
**Dean of Student Development and EOPS**  
De Anza College  
21250 Stevens Creek Blvd, Cupertino, CA 95014  
(408) 864-8828

**Foothill College complaints** should be sent to:

**Don Dorsey**  
**Dean of Student Affairs and Activities**  
Foothill College  
12345 El Monte Road, Los Altos Hills, CA 94022  
(650) 949-7241