**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: ________________________________________________________________________________

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

(Revised July 2002)