



FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT

UNLAWFUL DISCRIMINATION COMPLAINT FORM

Please Print

Complainant Full Name: _____

Complainant Status: Student Employee Other (please specify): _____

Today's Date: ____/____/____ Location: Foothill College De Anza College District Office

(Please provide specific details)

I wish to complain about a: Student Employee Faculty Program Activity College
(identify person, college, program or activity that allegedly discriminated against you):

Date of most recent incident of the alleged discrimination: ____/____/____

(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, and/or harassment based on one or more of following categories protected under Title 5:
(you must select at least one)

- Age Ethnic Group Identification Physical Disability Retaliation *Or under the Fair Employment Housing Act which also includes:*
- Ancestry Mental Disability Race Sexual Orientation Marital Status
- Color National Origin Sex /Gender Religion Medical Condition

(includes Sexual Harassment)

Perceived to be in a protected category or associated with those in protected category

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?

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

Complainant Signature: _____ Date: ____/____/____

Send original form to: Vice Chancellor, Human Resource and Equal Opportunity, Foothill De Anza Community College District, 12345 El Monte Road, Los Altos Hills, CA 94022. Title 5 complaints may also be filed with the State Chancellor's Office, 1102 Q Street, Sacramento, CA 95811. Fair Employment Housing Act (FEHA) complaints may also be filed with Department of Fair Employment and Housing's (DFEH) by calling 1-800-884-1684.

Instructions to Complainant:

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

Please Print

Complainant Full Name: _____

Complainant Address: _____
Street or P.O. Box City State Zip

Daytime Phone #: _____ **Evening Phone #:** _____

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

Witness #1:

Name: _____ Phone #: _____

Address: _____
Street or P.O. Box City State Zip

Witness #2:

Name: _____ Phone #: _____

Address: _____
Street or P.O. Box City State Zip

Witness #3:

Name: _____ Phone #: _____

Address: _____
Street or P.O. Box City State Zip

Witness #4:

Name: _____ Phone #: _____

Address: _____
Street or P.O. Box City State Zip

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

Complainant Signature: _____ Date: ____/____/____

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