



FOOTHILL-DE ANZA  
Community College District

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

**PLEASE PRINT**

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

Complainant Status: ☐ Student ☐ Employee ☐ Other(Please Specify) \_\_\_\_\_

**I Wish To Complain Against:**

Identify person, college, activity or program in which alleged discrimination occurred:

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

*(None-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 Based on the Following Category Protected under Title 5: (you must select at least one):**

- |                                   |  |  |  |   |
|-----------------------------------|--|--|--|---|
| <input type="checkbox"/> Age      | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Retaliation               | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental Disability           | <input type="checkbox"/> Race                | <input type="checkbox"/> Sex (includes Harassment) |   |
| <input type="checkbox"/> Color    | <input type="checkbox"/> National Origin             | <input type="checkbox"/> Religion            | <input type="checkbox"/> 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.)**

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

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**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:

**Jane Enright, Vice Chancellor**  
**Human Resources and Equal Opportunity**  
Foothill-De Anza Community College District  
12345 El Monte Road, Los Altos Hills, CA 94022