



FOOTHILL-DE ANZA  
Community College District

# FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT UNLAWFUL DISCRIMINATION COMPLAINT FORM

**(NOTE: This Form and all attachments May be released to the Respondent's Representative)**

Please Print

Complainant Full Name: \_\_\_\_\_

Complainant Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

I am a \_\_\_\_\_ Foothill \_\_\_\_\_ DeAnza: \_\_\_\_\_ Distirct Office \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(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)

- |   |  |   |   |  |  |
|---|--|---|---|--|--|
| <input type="checkbox"/> Age  | <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Physical Disability  | <input type="checkbox"/> Retaliation        | <i>Or under the Fair Employment Housing Act which also includes:</i> |  |
| <input type="checkbox"/> Ancestry   | <input type="checkbox"/> Mental Disability           | <input type="checkbox"/> Race   | <input type="checkbox"/> Sexual Orientation |  | <input type="checkbox"/> Marital Status    |
| <input type="checkbox"/> Color  | <input type="checkbox"/> National Origin             | <input type="checkbox"/> Sex /Gender<br><small>(includes Sexual Harassment)</small> | <input type="checkbox"/> Religion           |  | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> 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.