FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT
UNLAWFUL DISCRIMINATION COMPLAINT FORM

Please Print
Complainant Full Name: ________________________________ City, State, ZIP __________________________
Complainant Address: __________________________________ Telephone (____) ________________________
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)
☐ Age  ☐ Ethnic Group Identification  ☐ Physical Disability  ☐ Retaliation  Or under the Fair Employment
☐ Ancestry  ☐ Mental Disability  ☐ Race  ☐ Sexual Orientation  ☐ Marital Status
Housing Act which also includes:
☐ Color  ☐ National Origin  ☐ Sex /Gender  ☐ Religion  ☐ Medical Condition
☐ 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.

October 2015