



FOOTHILL-DE ANZA
Community College District

**FOOTHILL DE ANZA COMMUNITY COLLEGE DISTRICT
UNLAWFUL DISCRIMINATION /HARASSMENT COMPLAINT FORM**

NOTE: The form may be released to the Respondent. The form and all attachments may be released to the Respondent's representative.

Complainant First Name: _____ Last Name _____

Complainant Address: _____

City _____ State _____ ZIP _____ Email address: _____

Telephone _____ - _____

My association is with: Foothill De Anza: District Office Other (please specify _____)

I am a: Student Employee Other (please specify): _____

Today's Date:(MM/DD/YYYY) ____ - ____ - ____

(Please provide specific details)

I wish to complain about a: Student Employee Faculty Member Program Activity College

(identify person, college, program or activity that allegedly discriminated/harassed you): _____

Date of most recent incident of the alleged discrimination/harassment: (MM/DD/YYYY) __/__/____

(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 protected categories:

(you must select at least one)

<input type="checkbox"/> Age	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Race
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Military or Veteran Status	<input type="checkbox"/> Religious Creed
<input type="checkbox"/> Color	<input type="checkbox"/> Marital Status	<input type="checkbox"/> National Origin	<input type="checkbox"/> Sex
<input type="checkbox"/> Gender	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Perceived to be in or associated with those in the checked category above		
<input type="checkbox"/> Retaliation for filing a complaint or asserting my rights related to the checked category above			

Clearly state your complaint. Describe each incident of alleged discrimination/harassment separately. For each action provide the following information: 1) date(s) the action occurred; 2) what happened; and 3) why you believe the action was discriminatory/harassing 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: (MM/DD/YYYY) __/__/____

Send original form to: novotnydorene@fhda.edu or Vice Chancellor, Human Resources 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.