



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

NOTE: This form will be released to the Respondent

Complainant First Name: _____ Last Name _____

Complainant Address: _____

City _____ State _____ ZIP _____ Email address: _____

7 H O H S K) R Q H

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

I am: [] 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 or 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 alleged discrimination, and/or harassment based on one or more of following protected categories:

(you must select at least one)

Table with 4 columns: Age, Gender Identity, Mental Disability, Race; Ancestry, Genetic Information, Military or Veteran Status, Religious Creed; Color, Marital Status, National Origin, Sex; Gender, Medical Condition, Physical Disability, Sexual Orientation.

[] Gender Expression Perceived to be or associated with those in the checked category above
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: 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 (DFEH) by calling 1-800-884-1684.