Complainant Full Name: ____________________________________________________________________

Complainant Status:  ☐ Student  ☐ Employee  ☐ Other (please specify): _______________________

Today’s Date: ____/____/____       Location: ☐ Foothill College ☐ De Anza College ☐ District Office

(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 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
☐ Ancestry  ☐ Mental Disability  ☐ Race  ☐ Sexual Orientation  ☐ Marital Status
☐ Color  ☐ National Origin  ☐ Sex /Gender (includes Sexual Harassment)  ☐ 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.
Instructions to Complainant:

Please complete the information listed below. This information will be kept strictly confidential and will not be given to the respondent.

Please Print

Complainant Full Name: _______________________________________________________________________

Complainant Address: ________________________________________________________________
Street or P.O. Box               City   State  Zip

Daytime Phone #: ____________________________   Evening Phone #: _____________________________

Please list the names, addresses and phone numbers of any witnesses to the alleged discrimination:

Witness #1:
Name: ___________________________________________ Phone #: ____________________________
Address: ____________________________________________
Street or P.O. Box               City   State  Zip

Witness #2:
Name: ___________________________________________ Phone #: ____________________________
Address: ____________________________________________
Street or P.O. Box               City   State  Zip

Witness #3:
Name: ___________________________________________ Phone #: ____________________________
Address: ____________________________________________
Street or P.O. Box               City   State  Zip

Witness #4:
Name: ___________________________________________ Phone #: ____________________________
Address: ____________________________________________
Street or P.O. Box               City   State  Zip

I certify that this information is correct and to the best of my knowledge.

Complainant Signature: ____________________________________________________ Date: ____/____/____

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