SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT
FORMAL DISCRIMINATION COMPLAINT FORM

PLEASE PRINT

Date

COMPLAINANT (Name): ______________________________________________________________________________________

Last              First              Middle Initial

Position title (If district employee): ____________________________________________________________________________

Designation: ______Student ______Management ______Faculty ______Classified ______Job Applicant

______Other (Please Specify) ____________________________________________________________________________________

Work Location: _____ District Office _____Evergreen Valley College _____San Jose City College _____Institute for Business Performance

COMPLAINT IS FILED AGAINST: ____________________________________________________________________________________

Identify date(s), person(s), college, specific location, activity or program in which alleged discrimination occurred:

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

BASIS OF DISCRIMINATION: (Please check only those that apply)

______ National Origin*           ______Religion*           ______Sexual Orientation*           ______Ethnic Group Identification*

______ Language/Accent           ______Ancestry*           ______Color*           ______Marital Status

______ Disability (physical or mental)*           ______Race*           ______Immigration Status           ______Gender Identity

______ Retaliation * **           ______Age*           ______Veteran Status           ______Sex (includes harassment)*

______ Perceived to be in protected category or associated with those in protected category*           ______Medical Condition

*The State Chancellor’s Office will only accept appeals that are based on these protected categories.
Provide a written statement outlining the allegations in detail. Explain why you believe the discrimination occurred because of the protected category(ies) you checked off above. ** If applicable, explain why you believe you were retaliated against for your filing, pursuit or assistance with a complaint of discrimination:
_____________________________________________________________________________________
_____________________________________________________________________________________  
On a separate sheet of paper explain why you felt the resolution in the informal decision was not appropriate; or if you did not make use of the informal process why you did not feel it would not resolve your complaint.

What is the specific action you are requesting to resolve the matter? _______________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  
For deadlines and procedures please refer to the San Jose/Evergreen Community College District Administrative Procedures for Discrimination Complaints.
I certify that this information is correct to the best of my knowledge.

Signature of Complainant

ATTACH ADDITIONAL PAGES AS NEEDED

INSTRUCTIONS TO COMPLAINANT:

Please complete the information listed below. Your contact information and the phone numbers and addresses of your witnesses will be kept confidential and will not be released to the respondent.

Name of complainant: _______________________________________________
Name of complainant: _______________________________________________

Contact Information:

Address: _________________________________________________________________________________
______________________________________________________________________________
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Street  City  Zip Code

Telephone: (____) __________________________ Telephone: (____) __________________________

If there is anyone who could provide more information regarding this complaint, please list names, addresses, and phone numbers.

_____________________________________________________________________________________
_____________________________________________________________________________________
Formal complaints should be filed with the Office of Human Resources, San Jose/Evergreen Community College District 4750 San Felipe Rd, San Jose, CA 95135.

Individuals may also file complaints using the State Chancellor’s form located at
http://www.cccco.edu/divisions/legal/discrimination/discrimination.htm