SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT
FORMAL DISCRIMINATION COMPLAINT FORM

PLEASE PRINT

COMPLAINANT (Name): ____________________________

Date

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: ____________________________________________

Contact Information:

Address: ____________________________________________________________

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<tr>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
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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 40 South Market Street, San Jose, CA 95113.

Individuals may also file complaints using the State Chancellor’s form located at http://californi.communitycolleges.cccco.edu/complaintsForm.aspx