

**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:

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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? \_\_\_\_\_

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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: \_\_\_\_\_

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.

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ *Email:* \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ *Email:* \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ *Email:* \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ *Email:* \_\_\_\_\_

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://californiacommunitycolleges.cccco.edu/complaintsForm.aspx>