

**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: _____

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>