



SAN MATEO COUNTY
COMMUNITY
COLLEGE DISTRICT

FILING A CLAIM AGAINST THE DISTRICT

Before anyone can sue a public agency, a claim for damages must first be filed with that public agency. The law covering claims against public agencies is described in Government Code Section 900, *et. seq.*

If the complaint is against any unit of the San Mateo County Community College District (College of San Mateo, Cañada College, Skyline College, or District Office), the claim needs to be filed with the District Office. A claim form is attached. The form must be completed fully, signed, and sent to the Office of the Executive Vice Chancellor, SMCCCD, 3401 CSM Drive, San Mateo, CA 94402.

Usually a claim must be filed within six months of the incident. If it will be longer than that, the claimant should contact an attorney for more information.

Claims against the District are investigated by the District's legal and risk management advisors. Investigations usually take several weeks to complete.

The claimant will be notified in writing of the status of his/her claim. If the claim is denied by the District, the claimant can sue the District in Small Claims Court for up to \$5,000 (or in Superior Court for a larger amount). The suit must be filed within six months after the denial.



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CLAIM FORM

(Please type or print legibly in black or blue ink. Please do not use a pencil.)

Claimant's Name _____

Claimant's Address _____

City _____ State _____ Zip _____

Phone (____) _____

Amount of Claim \$ _____

Address to which notices are to be sent to Claimant (if different than above)

Date of Incident _____ Location of Incident _____

Describe how the incident occurred (including damage or loss)

Name of Public Employee(s) causing injury, damage or loss *(if known)*

Itemization of claim *(total should equal the "Amount of Claim" stated above)*

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Claim	\$ _____

I declare under penalty of perjury that the foregoing is true and correct.

Dated at _____, California on _____, 20____

Signature of Claimant _____

SEND TO: Office of Executive Vice Chancellor, SMCCCD, 3401 CSM Drive, San Mateo, CA 94402