



**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT**

Unlawful Harassment/Discrimination Complaint Form

This form is to be completed by either the Complainant or the Unlawful Harassment Intake Facilitator.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Student Employee Guest

I wish to complain against _____

Location: Moorpark College Oxnard College Ventura College District Service Center

Other location: Where? _____

Is this person a: Student Employee Other _____

Alleged Harassment/Discrimination based on: Ethnic Group Identification Disability Color Race
 Unlawful Harassment Gender (includes harassment) Retaliation Religion

Have you tried an informal resolution? Yes No Date: _____

If so, how? _____

Summary of alleged unlawful harassment/discrimination complaint:

Date(s) on which alleged unlawful harassment/discrimination occurred: _____
(Complaints must be filed within one year of the date of the alleged unlawful discrimination or within one year of the date on which the complainant knew or should have known of the facts underlying the allegation of unlawful discrimination.)

Other employees, students, or others who witnessed the allegations (name, address, phone):

Who did you tell these allegations? _____

When? _____





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To your knowledge, what corrective action, if any, has been taken?

Have you filed a grievance or complaint with any other agency? Yes No

If yes, with whom? _____ When? _____

I understand the District will conduct an investigation of this complaint including, but not limited to, interviewing me, the alleged harasser, witnesses, and others as deemed necessary.

I certify this information is correct to the best of my knowledge.

Complainant Signature: _____ Date: _____

Facilitator Signature: _____ Date: _____

