Ventura County Community College District



761 EAST DAILY DRIVE, SUITE 200, CAMARILLO, CALIFORNIA 93010 PHONE (805) 652-5500 • VCCCD.EDU

DR. RICK MACLENNAN CHANCELLOR

COMPLAINT FORM- SEXUAL HARASSMENT AND DISCRIMINATION FORM

Individuals who have experienced sexual harassment while participating in a District program or activity can submit a formal complaint to their College's Title IX Coordinator.

To file a formal complaint pursuant to District Administrative Procedure 3434, please complete and sign this form and submit it via email or in person to your College's Title IX coordinator:

Robert Cabral Moorpark College (805) 553-4138 rcabral@vcccd.edu

Leah Alarcon Oxnard College (805) 678-5195 lalarcon@veced.edu

Gema Espinoza Sanchez Ventura College and VC East Campus (805) 289-6219 gemasanchez@vcccd.edu

Monica Monge-Garcia, Title IX Administrator Ventura County Community College District (805) 652-5503 mgarcia4@vcccd.edu

For reports involving District employees, please submit your report to: Laura Barroso Vice Chancellor, Human Resources (805) 652-5506 lbarroso@vcccd.edu

The Title IX Coordinator is required to notify the respondent(s) of the complaint. Complainants can receive supportive measures without filing a formal complaint. Your College's Title IX Coordinator can assist in filing a formal complaint. For more information regarding the District's Title IX policy, procedures, and supportive measures, please visit: https://www.vcccd.edu/students/sexual-misconduct-title-ix-information

COMPLAINANT/REPORTING PARTY INFORMATION

Name: Student/Employee II				oloyee ID:			
Phone: E			E-mail:	∃-mail:			
Address:							
Report is being completed by (check one):							
Complainant/Reporting Party		Third Party		Parent/Legal Guardian			
Anonymous Sta		taff/Faculty		Other:			
Complainant/Reporting Party's Affiliation to Ventura County Community College District:							
Student	If a Student, which	College:	Moorpark	Oxnard	Ventura or VC East		
Staff	Faculty	Stud	lent Applicant	Em	ployee Applicant		
Other:							
RESPONDENT INFORMATION							
	RES	SPONDEN	T INFORMAT	ΓΙΟΝ .			
Respondent's		SPONDEN	T INFORMAT	<u> FION</u>			
-							
-	s Name:	tura Comm			Ventura or VC East		
Respondent's	s Name: s Affiliation with Vent If a Student, which 0	tura Comm	unity College D	District:	Ventura or VC East		
Respondent's Student Staff	s Name: s Affiliation with Vent If a Student, which (tura Comm College: Other:	nunity College <u>D</u> Moorpark	District: Oxnard			
Respondent's Student Staff If the Respon	s Name: s Affiliation with Vent If a Student, which (Faculty (tura Comm College: Other:	nunity College <u>D</u> Moorpark	District: Oxnard			
Respondent's Student Staff If the Respon	S Name: S Affiliation with Vent If a Student, which of Faculty Indent is an employee, particularly of the sposition of the second of the se	tura Comm College: Other:	nunity College <u>D</u> Moorpark	District: Oxnard			
Student Staff If the Respondent's Respondent's	S Name: S Affiliation with Vent If a Student, which of Faculty Indent is an employee, particularly of the sposition of the second of the se	tura Comm College: Other:	nunity College <u>D</u> Moorpark	District: Oxnard			
Student Staff If the Respondent's Respondent's	S Name: S Affiliation with Vent If a Student, which of the second of t	tura Comm College: Other:	nunity College <u>D</u> Moorpark	District: Oxnard			

WITNESS INFORMATION

Witnesses are individuals who have information regarding the situation/incident.					
Witness #1:					
Name:					
Relationship to Reporting Party/Respondent:					
Telephone Number:	E-mail:				
Witness #2:					
Name:					
Relationship to Reporting Party/Respondent	:				
Telephone Number:	E-mail:				
Witness #3:					
Name:					
Relationship to Reporting Party/Respondent:					
Telephone Number:	E-mail:				
Witness #4:					
Name:					
Relationship to Reporting Party/Respondent	:				
Telephone Number:	E-mail:				
Witness #5:					
Name:					
Relationship to Reporting Party/Respondent:					
Telephone Number:	E-mail:				

INCIDENT INFORMATION

Date(s) of incident(s):		
Location(s) of incident(s):		
Describe in detail the situation/incident(s):		
Was this insident reported to communate lies on other lawy on force and the	V_	□N1~
Was this incident reported to campus police or other law enforcement? If yes, which agency was notified?	Yes	No
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*If you have any documents, photos, videos, or other please email them to your Title IX Coordinator as I form. *	11 0
Signature	Date
Print Name	

INSTRUCTIONS ON COMPLETING THE FORM.

This form is to be completed by the complainant or other person reporting a complaint.

- Complete the Complainants contact information.
- Indicate who is reporting the complaint.
- How the reporting party is affiliated to the Ventura County Community College District.
- Information on respondent. Complete as much information as possible.
- List witnesses if applicable.
- Information on the incident.
- Sign, date and print name at the end of the document. Submit other evidence if applicable.
- Send via email the completed form and/or other evidence to the listed Title IX Coordinator at your campus.

^{*}This form is available on the Title IX website.