



## Ventura County Community College District

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

DR. RICK MACLENNAN  
CHANCELLOR

### FORMAL COMPLAINT SEXUAL HARASSMENT OR DISCRIMINATION FORM

**Name:**

*Last* *First*

**Address:**

Street or P.O. Box City State Zip

**Phone:** *Day* *Evening*

**I am a:**  Student  Employee  Other:\*

*\* If you are a parent complaining on behalf of a student, please include the name of the student.*

**College:**

**I wish to complain against (Respondent):**

**Complaint:** *(Select at least one)*

<input type="checkbox"/>	A. I allege sexual harassment or retaliation protected under Title IX <u>and</u> request the District initiate an investigation. <i>(Note: This option creates a Title IX Formal Complaint. The District can offer supportive measures. The District may also proceed with informal resolution or an investigation pursuant to its grievance process.)</i>															
<input type="checkbox"/>	B. I allege sexual harassment or retaliation protected under Title IX and <u>do not</u> want the District to initiate an investigation. <i>(Note: This option <u>does not</u> create a Title IX Formal Complaint, and the District may only proceed with supportive measures.)</i>															
<input type="checkbox"/>	C. I allege harassment or discrimination based on the following category protected under applicable state and federal law and regulations <i>(select at least one)</i> : <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> Mental Disability</td> <td><input type="checkbox"/> Religion</td> </tr> <tr> <td><input type="checkbox"/> Ancestry</td> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Retaliation***</td> </tr> <tr> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Sex/Gender (includes Harassment)**</td> </tr> <tr> <td><input type="checkbox"/> Ethnic Group Identification</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Genetic Information</td> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Perceived to be in protected category or associated with those in protected category</td> </tr> </table> <p style="margin-top: 10px;"><i>(Note: The District may request you also provide an Unlawful Discrimination Complaint Form if you select this option.)</i></p>	<input type="checkbox"/> Age	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> National Origin	<input type="checkbox"/> Retaliation***	<input type="checkbox"/> Color	<input type="checkbox"/> Physical	<input type="checkbox"/> Sex/Gender (includes Harassment)**	<input type="checkbox"/> Ethnic Group Identification	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Race	<input type="checkbox"/> Perceived to be in protected category or associated with those in protected category
<input type="checkbox"/> Age	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Religion														
<input type="checkbox"/> Ancestry	<input type="checkbox"/> National Origin	<input type="checkbox"/> Retaliation***														
<input type="checkbox"/> Color	<input type="checkbox"/> Physical	<input type="checkbox"/> Sex/Gender (includes Harassment)**														
<input type="checkbox"/> Ethnic Group Identification	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation														
<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Race	<input type="checkbox"/> Perceived to be in protected category or associated with those in protected category														

**\*\* Individuals making a complaint of harassment based on sex/gender that meets the definition of sexual harassment under Title IX and that occurred within the United States must choose either option A or B.**

**Describe your Complaint.** Describe each incident of alleged harassment or discrimination separately. For each incident provide the following information: 1) date(s) the action occurred; 2) name of individual(s) who harassed or discriminated; 3) what happened; 4) witnesses (if any); and 5) why you believe the harassment or discrimination was based on the category you indicated above. \*\*\*If applicable, explain why you believe you were retaliated against for filing a Complaint or asserting your right to be free from discrimination on any of the above grounds. (Attach additional pages as necessary.)

What would you like the District to do as a result of your complaint – what remedy are you seeking?

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

---

*Signature of Complainant*

*Date*

## INSTRUCTIONS ON HOW TO COMPLETE FORM

The form is to be completed during the initial meeting with the Title IX Coordinator.

- Complainant completes their contact information.
- Indicate the college.
- Indicate who the complaint is against.
- Select which complaint the complainant believes it to be.
- Describe the complaint.
- Describe what remedy the complainant is seeking.
- Sign and date the form.

After signing the form, the Title IX Coordinator provides the complainant with a copy of the signed form.