



# Ventura County Community College District

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

DR. RICK MACLENNAN  
CHANCELLOR

## TITLE IX SEXUAL HARASSMENT COMPLAINT BY TITLE IX COORDINATOR

Title IX Coordinator's Name: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_  
*Last* *First*

Complainant's Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Complainant is a: Student Employee Other \_\_\_\_\_

College: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

**Complainant alleges sexual harassment protected under Title IX and requests the District initiate an investigation.**

**Description of Complaint.** Describe each incident of alleged sexual harassment separately. For each incident, provide the following information: 1) date(s) the action occurred; 2) what happened; 3) witnesses (if any). (Attach additional pages as necessary.)

**Reason for Complaint by Title IX Coordinator.** Explain the reason the Title IX Coordinator filed the Formal Complaint instead of the Complainant.

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

\_\_\_\_\_  
*Signature of Title IX Coordinator*

\_\_\_\_\_  
*Date*