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)*

☐ A. I allege sexual harassment or retaliation protected under Title IX and request the District initiate an investigation. (*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.*)

☐ B. I allege sexual harassment or retaliation protected under Title IX and do not want the District to initiate an investigation. (*Note: This option does not create a Title IX Formal Complaint, and the District may only proceed with supportive measures.)*

☐ C. I allege harassment or discrimination based on the following category protected under applicable state and federal law and regulations (*select at least one*):

☐ Age	☐ Mental Disability	☐ Religion
☐ Ancestry	☐ National Origin	☐ Retaliation***
☐ Color	☐ Physical Disability	☐ Sex/Gender (includes Harassment)**
☐ Ethnic Group Identification	☐ Race	☐ Sexual Orientation
☐ Genetic Information		☐ Perceived to be in protected category or associated with those in protected category

(Note: The District may request you also provide an Unlawful Discrimination Complaint Form if you select this option.)

*** 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.