



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT

Sexual Harassment/Discrimination Complaint Form

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

Name: _____ Date: _____ or [Click here to enter a 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
- ☐ Sexual Harassment
- ☐ Gender *(includes harassment)*
- ☐ Retaliation
- ☐ Religion

Have you tried an informal resolution? ☐ Yes ☐ No Date _____ or: [Click here to enter a date.](#)

If so, how? _____

Summary of alleged sexual harassment/discrimination complaint: *(box will expand as you type)*

Date(s) on which alleged sexual harassment/discrimination occurred: _____ or: [Click here to enter a date.](#)

(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):





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Who did you tell these allegations? _____

When? _____

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: _____

