



# Los Angeles Community College District

## Office for Diversity, Equity, and Inclusion

770 Wilshire Blvd., 2nd Floor

Los Angeles, CA 90017

Phone: 213 891-2000 ext: 2315 Fax: 213 891-2295

### **Prohibited Discrimination, Unlawful Harassment, and Sexual Misconduct (Title IX & VI)**

## **Complaint Form**

### **Personal Information**

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex/Gender: \_\_\_\_\_

2) **Status:** *Check Appropriate Box*

*I am a(n):*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Faculty Member   | <input type="checkbox"/> Classified Staff Member | <input type="checkbox"/> Unclassified Staff Member | <input type="checkbox"/> Student Worker |
| <input type="checkbox"/> Student-ID#: _____   |  | <input type="checkbox"/> Applicant                 | <input type="checkbox"/> Other: _____   |
| Class Name/Section #: _____   |  | Position applied for: _____                        |   |
| <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer |  | Date applied: _____                                |   |
| Currently Enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Date notified of non-selection: _____              |   |
| Course Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |
| Withdrew/Dropped: _____   |  |  |   |

3) **Location(s) of occurrence:** *Check Appropriate Box(es)*

- City College  Harbor College  Mission College  Pierce College  Southwest College  Other: \_\_\_\_\_  
 Trade Tech  Valley College  East College  West College  ESC-District Office

4) **Identify each person or institution who you allege discriminated against you:**

Name: _____	Name: _____
Position: _____	Position: _____
Department/Office: _____	Department/Office: _____
College: _____	College: _____
Phone #: _____ Email: _____	Phone #: _____ Email: _____

5) First date of alleged discrimination: \_\_\_\_\_  
 Date of most recent alleged discrimination: \_\_\_\_\_

**Complaints alleging discrimination in employment and/or Sexual Misconduct must be filed within 180 days of the date of the most recent alleged unlawful discrimination. All other complaints must be filed within one year of the date of the most recent alleged unlawful discrimination.**

## **Discrimination Categories**

**I have experienced discrimination based on/in the form of:** *Check Applicable Box(es)* ([Definitions can be found in Admin. Reg. C-14](#))

- Mental Disability  Physical Disability  Medical Condition (Incl. cancer & related conditions/genetic characteristics)
- Sex/Gender  Gender Identity  Gender Expression  Pregnancy/childbirth/breastfeeding/related medical condition
- Sexual Misconduct  Sexual Harassment  Sexual Assault  Dating Violence  Intimate Partner Violence  Stalking
- Sexual Orientation  Religion (Incl. religious dress/grooming practices/religious observances)  Age (40 and older)
- Race  Color  National Origin  Ethnic Group Identification  Ancestry  Retaliation  Accommodations
- Perceived to be in protected category or associated with a member of a protected class  Other: \_\_\_\_\_

## **Details**

**Explain** how you believe you were discriminated against. **Provide specifics**, including who/what/when/where/how.

*\*Attach additional sheets if needed*

***Attach related documents in your possession and any other information pertinent to your complaint.***

**What remedial action/s do you propose?**

## Witnesses

Provide the contact information for any person having direct knowledge regarding your allegation(s).

**Person 1:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home/Office #: \_\_\_\_\_ Email: \_\_\_\_\_

*What information will this person provide regarding your claim?*

**Person 2:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home/Office #: \_\_\_\_\_ Email: \_\_\_\_\_

*What information will this person provide regarding your claim?*

**Person 3:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home/Office #: \_\_\_\_\_ Email: \_\_\_\_\_

*What information will this person provide regarding your claim?*

**Person 4:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home/Office #: \_\_\_\_\_ Email: \_\_\_\_\_

*What information will this person provide regarding your claim?*

## Certification

*I certify that the information and allegations outlined in this complaint form are true and correct to the best of my knowledge.*

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
First name, Last name

If you are completing this form online, you will need to create a digital signature following the prompted steps.

**The completed Complaint Form can be mailed, hand delivered, or faxed to:**

Los Angeles Community College District

**Attention:** Office for Diversity, Equity, and Inclusion

770 Wilshire Blvd., 2nd Floor

Los Angeles, CA 90017

Fax: 213 891-2295

You may also print, sign, date, and email the form and documents to [Diversity-Programs@email.laccd.edu](mailto:Diversity-Programs@email.laccd.edu)

**You may also file your complaint with the State Chancellor's Office at:**

Chancellor's Office, California Community Colleges

1120 Q Street

Sacramento, CA 95814-6511

**Attention:** Legal Affairs Division

**A complainant may also file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention:** Title VI Program Coordinator, East Building, 5th floor-TCR, 1200 New Jersey Ave., SE, Washington DC 20590