



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) **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)*

- | | | | | | |
|---------------------------------------|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> City College | <input type="checkbox"/> Harbor College | <input type="checkbox"/> Mission College | <input type="checkbox"/> Pierce College | <input type="checkbox"/> Southwest College | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Trade Tech | <input type="checkbox"/> Valley College | <input type="checkbox"/> East College | <input type="checkbox"/> West College | <input type="checkbox"/> 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

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