

## 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

#### <u>Prohibited Discrimination, Unlawful Harassment, and Sexual Misconduct (Title IX)</u> <u>Complaint Form</u>

#### Personal Information

1)	Last Name:	MI:							
	Street Address:								
	State: Zip Code:Cell Pho	ne #: Secondary Pho	ne #:						
	Email:	_Date of Birth: Sex/Gender:							
2)	Status: Check Appropriate Box								
	<i>I am a(n):</i> □ Faculty Member □ Classified Staff Member	Der Unclassified Staff Member	□ Student Worker □ Other:						
	Class Name/Section #: □ Fall □ Winter □ Spring □Summer	Position applied for: Date applied:							
	Currently Enrolled:YesNoCourse Completed:YesNoWithdrew/Dropped:	Date notified of non-selection:							
3)	Location(s) of occurrence: Check Appropriate Box(d)         □ City College       □ Harbor College       □ Mission College         □ Trade Tech       □ Valley College       □ East College	ity College $\Box$ Harbor College $\Box$ Mission College $\Box$ Pierce College $\Box$ Southwest College $\Box$ Other:							
4)	Identify each person or institution who you allege discriminated against you:								
	Name:	Name:	Name:						
	Position:	Position:	Position:						
	Department/Office:		Department/Office:						
	College:	College:							
	Phone #:Email:	Phone #:Email:	÷						
5)	First date of alleged discrimination: Date of most recent alleged discrimination:								

filed within <u>one year</u> of the date of the most recent alleged unlawful discrimination.

Prohibited Discrimination, Unlawful Harassment, and Sexual Misconduct (Title IX)

# **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:

# <u>Details</u>

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? Prohibited Discrimination, Unlawful Harassment, and Sexual Misconduct (Title IX)

## Witnesses

certify that the information y knowledge.		t <u>ification</u> 1 in this compla	int form are	true and corr	ect to the best o	
	<u> </u>	<b>, • (••</b> , •				
What information will this	person provide regarding	g your claim?				
Cell Phone #:	Home/Office #:		En	nail:		
Street Address:		Apt/Unit#	City:	State:	Zip Code:	
Person 4: Last Name:	First Name:					
What information will this	person provide regarding	g your claim?				
Cell Phone #:		_			_	
Street Address:						
Person 3: Last Name:		First Name:				
What information will this	person provide regarding	g your claim?				
Cell Phone #:			En	nail:		
Street Address:						
Person 2: Last Name:		First Name:				
Cell Phone #: — What information will this			En	nail: ———		
Street Address:						
		First				

**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