



**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT  
HUMAN RESOURCES DEPARTMENT**

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**Unlawful Harassment/Discrimination Complaint Form**

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

Name: \_\_\_\_\_ 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

Unlawful Harassment  Gender (*Includes harassment*)  Retaliation  Religion

Have you tried an informal resolution?  Yes  No Date: \_\_\_\_\_

If so, how? \_\_\_\_\_

Summary of alleged unlawful harassment/discrimination complaint:

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Date(s) on which alleged unlawful harassment/discrimination occurred: \_\_\_\_\_

*(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? \_\_\_\_\_





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To your knowledge, what corrective action, if any, has been taken?

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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: \_\_\_\_\_

