**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/discriminationcomplaint: *(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):

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_