

Chaffey Community College District

5885 Haven Avenue

Rancho Cucamonga, CA 91737

Phone: 909-652-6531 Email: susan.hardie@chaffey.edu

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

Complaint Form

Fields Highlighted in Red are Required

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):

Faculty Member Classified Staff Member Short-Term Worker Student Worker Professional Expert or Manager

Student-ID#: _____ Applicant Other: _____

Class Name/Section #: _____ Position applied for: _____

Fall Spring Summer Date applied: _____

Currently Enrolled: Yes No Date notified of non-selection: _____

Course Completed: Yes No

Withdrew/Dropped: _____

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

Rancho Cucamonga Campus Chino Campus Fontana Campus Other : _____

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)**

- 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:

Chaffey Community College District
Student Services Administrative Building, SSA-204
Attention: Susan Hardie, Executive Director, Human Resources and Title IX Coordinator
5885 Haven Avenue
Rancho Cucamonga, CA 91737
Fax: 909-652-6533

You may also print, sign, date, and email the form and documents to susan.hardie@chaffey.edu

You may also file your complaint with the Office for Civil Rights at:

Office for Civil Rights U.S. Department of Education
50 Beale Street, Suite 7200
San Francisco, CA 94105
Telephone: (415) 486-5555
FAX: (415) 486-5570
TDD: (877) 521-2172

ocr.sanfrancisco@ed.gov
<http://www2.ed.gov/about/offices/list/ocr/index.html>