

# 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](mailto:susan.hardie@chaffey.edu)

**You may also file your complaint with the State Chancellor's Office at:**

Chancellor's Office, California Community Colleges  
**Attention:** Legal Affairs Division  
1120 Q Street  
Sacramento, CA 95814-6511

**A complainant may also file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th floor-TCR, 1200 New Jersey Ave., SE, Washington DC 20590**