



Reporting Sex Discrimination, Sexual Misconduct & Retaliation

Complaint Form

I understand that I have a right to initiate a complaint against (a) another student, (b) a faculty member, (c) an administrator, (d) a WCCCD employee, or (e) certain third-parties, such as independent contractors or vendors of the College, if I have been subjected to unjust action or denial of my rights based on my gender or sexual misconduct (including sexual assault) under the College's Policies and state and federal laws.

I understand that if I have been sexually assaulted and prefer to speak with someone and have him/her assist me in completing this form, I will contact the Title IX Coordinator.

COMPLAINANT INFORMATION

Name: _____

Home address: _____

Home phone number: _____ Cell phone number: _____

Email address: _____

I am a: Student _____ Employee _____ Witness _____

Other person filing on behalf of a student _____

Student ID Number (if applicable) _____

COMPLAINT AGAINST:

Full name (if known) of person who is accused of sex discrimination, sexual harassment, sexual misconduct, sexual violence or retaliation

Email address (if known)

Phone number (if known)

If the individual is on campus, is the individual a/an:

(Check the appropriate title)

College Employee	College Administrator
Officer of the College	College Faculty
WCCCD Student	Third Party (Vendor or Contractor)
Stanger	Unknown

If the individual is from off campus, is the individual a:

(Check the appropriate title)

Boy/Girlfriend	Spouse
Family Member	Friend/acquaintance
Stranger	Other

Is this a sexual assault complaint? YES ___ NO ___

