



Board of Trustees
 Dr. Virginia L. Baxter
 Herlinda Chico
 Vivian Malauulu
 Uduak-Joe Ntuk
 Sunny Zia

Superintendent-President
 Mike Muñoz, Ed.D.

Long Beach City College • Long Beach Community College District
 4901 East Carson Street • Long Beach, California 90808

HARASSMENT OR DISCRIMINATION COMPLAINT FORM

Name: _____
Last First

Address: _____
Street or P.O. Box City State Zip

Phone: Day (_____) _____ Evening (_____) _____

I am a: Student Employee Other: _____

College: _____

I wish to complain against: _____

Complaint: (Select at least one)

	A. I allege sexual harassment or retaliation protected under Title IX <u>and</u> request the District initiate an investigation. (Note: This option creates a Title IX Formal Complaint, and the District may proceed with supportive measures, informal resolution, and discipline after following its grievance process.)															
	B. I allege sexual harassment or retaliation protected under Title IX and <u>do not</u> want the District to initiate an investigation. (Note: This option <u>does not</u> create a Title IX Formal Complaint, and the District may only proceed with supportive measures.)															
	C. I allege harassment or discrimination based on the following category protected under title 5 (select at least one): <table style="width: 100%; border: none;"> <tr> <td>_____ Age</td> <td>_____ Mental Disability</td> <td>_____ Religion</td> </tr> <tr> <td>_____ Ancestry</td> <td>_____ National Origin</td> <td>_____ Retaliation**</td> </tr> <tr> <td>_____ Color</td> <td>_____ Physical Disability</td> <td>_____ Sex/Gender (includes Harassment)*</td> </tr> <tr> <td>_____ Ethnic Group Identification</td> <td>_____ Race</td> <td>_____ Sexual Orientation</td> </tr> <tr> <td>_____ Genetic Information</td> <td></td> <td>_____ Perceived to be in protected category or associated with those in protected category</td> </tr> </table> <p>(Note: The District may request you also provide an Unlawful Discrimination Complaint Form if you select this option.)</p>	_____ Age	_____ Mental Disability	_____ Religion	_____ Ancestry	_____ National Origin	_____ Retaliation**	_____ Color	_____ Physical Disability	_____ Sex/Gender (includes Harassment)*	_____ Ethnic Group Identification	_____ Race	_____ Sexual Orientation	_____ Genetic Information		_____ Perceived to be in protected category or associated with those in protected category
_____ Age	_____ Mental Disability	_____ Religion														
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_____ Color	_____ Physical Disability	_____ Sex/Gender (includes Harassment)*														
_____ Ethnic Group Identification	_____ Race	_____ Sexual Orientation														
_____ Genetic Information		_____ Perceived to be in protected category or associated with those in protected category														

* Individuals making a Complaint of harassment based on sex/gender that meets the definition of sexual harassment under Title IX and that occurred within the United States must choose either option A or B.

Describe your Complaint. Describe each incident of alleged harassment or discrimination separately. For each incident provide the following information: 1) date(s) the action occurred; 2) name of individual(s) who harassed or discriminated; 3) what happened; 4) witnesses (if any); and 5) why you believe the harassment or discrimination was based on the category you indicated above. **If applicable, explain why you believe you were retaliated against for filing a Complaint or asserting your right to be free from discrimination on any of the above grounds. (Attach additional pages as necessary.)



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What would you like the District to do as a result of your Complaint – what remedy are you seeking?

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date