



## Office of Human Resources

### UNLAWFUL DISCRIMINATION FORMAL COMPLAINT FORM

Title 5 and Title IX complaints

College regulations provide a system-wide procedure to file formal complaints alleging violations of federal, state, and District policies against unlawful discrimination and sex-based harassment. Please fill in all of the information requested below as completely as possible and attach additional pages to the form, if necessary.

#### 1. Complainant (Person making the complaint)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SMC Email Address: \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_

#### 2. Status or affiliation with Compton College

☐ Student ID Number: \_\_\_\_\_ Most Recent Semester enrolled: \_\_\_\_\_  
☐ Academic Administrator/Manager ☐ Classified Staff ☐ FT Faculty ☐ PT Faculty ☐ Campus Police  
☐ Temporary ☐ Other: \_\_\_\_\_ (Please indicate)  
Employee Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor's Extension: \_\_\_\_\_ Work Location: \_\_\_\_\_

#### 3. Respondent Information

Identify the person(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below. Attach additional names to this form if necessary.

| Respondent(s) Name: | Relationship/Association with the campus: | Relationship/Association with you: |
|---------------------|-------------------------------------------|------------------------------------|
|                     |                                           |                                    |
|                     |                                           |                                    |

#### 4. Type of complaint - check all that apply

- |                                                           |                                                   |                                             |
|-----------------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Age                              | <input type="checkbox"/> Marital Status           | <input type="checkbox"/> Race               |
| <input type="checkbox"/> Color                            | <input type="checkbox"/> Medical Condition        | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Dating Violence                  | <input type="checkbox"/> Mental Disability        | <input type="checkbox"/> Retaliation        |
| <input type="checkbox"/> Domestic Violence                | <input type="checkbox"/> Military/Veteran Status  | <input type="checkbox"/> Sex                |
| <input type="checkbox"/> Ethnic Group Identification      | <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Sexual Assault     |
| <input type="checkbox"/> Gender                           | <input type="checkbox"/> Physical Disability      | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Gender Identification/Expression | <input type="checkbox"/> Pregnancy                | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Immigration Status               |                                                   | <input type="checkbox"/> Stalking           |

## 5. Incident Description

With regard to your identifying the type of complaint (Section 4) describe each incident of the alleged complaint separately. For each incident provide the following information. (Attach additional pages to this form, if necessary.)

### Date(s) the incident occurred

- **Full name of individual(s)** about whom you are complaining
- **Briefly describe the incident**
- **Where it happened (e.g., specific address or building location)**
- **Why** you believe the conduct was motivated by the protected classification(s) you identified in Section #4, above.

If applicable, why you believe you were retaliated against for asserting your right to be free from discrimination on any of the above grounds or for filing a complaint. (Attach additional pages to this form, if necessary.)

## 6. Consequences to You as Result of Incident

Describe what happened to you as result of the incident, including any specific harm or adverse action taken against you. (Attach additional pages to this form, if necessary.)

## 7. Witness(es)

Identify individuals who may have observed or witnessed the incident(s) that you described. (Attach additional pages to this form, if necessary.)

| Last Name | First Name | Contact Number(s) | Position/Job Title | E-Mail address |
|-----------|------------|-------------------|--------------------|----------------|
|           |            |                   |                    |                |
|           |            |                   |                    |                |
|           |            |                   |                    |                |

## 8. Supporting Evidence

Do you have any documents, electronic communications, or physical evidence (such as letters, text messages, social media posts, e-mails, photographs, videos, blood tests or rape kits) that support your complaint?

☐ Yes ☐ No (If so, please list below and attach copy.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**9. What would be an acceptable way to resolve this matter?** Be as specific as possible.

**10. Representative/Support Person/Advisor**

You may elect to have a representative/support person/Advisor at meeting(s) and/or during the investigation. Please note: under unlawful discrimination (Title 5) this role is limited to observing and consulting with you. For more information about the role of an Advisor under Title IX please read Administrative Regulation 3434 Prohibition of Sexual Harassment under Title IX.

| Last Name | First Name | Contact Number(s) | Email Address |
|-----------|------------|-------------------|---------------|
|           |            |                   |               |

**CERTIFICATION**

(Person completing this form)

I CERTIFY THAT THE INFORMATION IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR BELIEF.

Print Last Name \_\_\_\_\_ Print First Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Original to: Compton College  
Office of Human Resources  
1111. E. Artesia Boulevard  
Compton, CA 90221

OR Email Original to: [HR@compton.edu](mailto:HR@compton.edu)

**FOR DISTRICT USE ONLY**

Date Complaint Received \_\_\_\_\_ Received by \_\_\_\_\_ Signature \_\_\_\_\_  
*Print Name of HR Rep.* *Signature of HR Rep.*