

Discrimination, Harassment, and Retaliation Reporting Form

This form is for reporting non-emergency incidents only. **If this is an EMERGENCY situation, call 9-1-1 or contact College Police at (619) 216-6691.**

Southwestern Community College prohibits harassment, discrimination and retaliation in all forms and has [established policies and administrative procedures](#) to combat these acts. This reporting form was created to capture online reporting of incidents that may violate our policies.

Any member of the SWCCD community may use this form to report experienced, witnessed, or other incidents of harassment, discrimination, and retaliation against a student, employee, or another person(s) related to SWCCD. This form should be used only for reporting incidents of harassment, discrimination or retaliation.

When reporting an incident through this form, please note the following:

- We keep private to the extent practicable, the identity of any individual who makes a report alleging harassment, discrimination, or retaliation.
 - Student and non-employment complaints must be filed within one (1) year of the date of the alleged act. You may also file a complaint with the [Office for Civil Rights of the U.S. Department of Education \(OCR\)](#).
 - Employment complaints must be filed within 180 days of the date of the alleged act. You may also file a complaint may with the [Equal Employment Opportunity Commission \(EEOC\)](#) or the [Department of Fair Employment and Housing \(DFEH\)](#).
 - There are confidential resources available to provide support and help you determine what steps to take next.
 - If the incident you want to report constitutes a crime, you may also file a complaint with [College Police](#) or local law enforcement.
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Definition of Roles:

- **Reporting party:** This can be the person who experienced the behavior, or an employee who is fulfilling their mandatory reporting obligation.
- **Respondent:** The individual who engaged in the alleged behavior.
- **Bystander/Observer:** An individual who has firsthand knowledge or observed the alleged behavior or intervened.
- **Witness:** An individual who witnessed behavior or events.

Reporting Party

If you are an employee filling out this report form as a **Mandated Reporter**, please indicate your information below.

If you are an employee or student reporting an incident that happened to you, please include your information below. To file an **anonymous report**, please leave the name and below sections empty.

Your full name (optional): _____

Your phone number (optional): _____

Your SWCCD email (optional): _____

Your SWCCD ID (optional): _____

Involved Parties

If you are completing this form as a **Mandated Reporter**, you must provide all known information about the person(s) who engaged in the conduct, any witnesses, and any person who may have been harmed or experienced the effects of the conduct.

If you do not know the name of the respondent, please type, unknown respondent in the name field.

Name of Respondent: _____

Respondent's relationship to SWCCD:

Respondent's email, if known: _____

Name of witness: _____

Witness' relationship to SWCCD: _____

Witness' email, if known: _____

Witness' phone, if known: _____

Incident Overview

Please clearly describe what happened including:

(1) date(s) and time(s) of when alleged incident(s) occurred;

(2) location(s) where alleged incident(s) occurred;

(3) describe the specific incidents you are reporting:

Protected Class

If applicable, please indicate the protected class(es) for which you are reporting harassment, discrimination, or retaliation.

Age

Color

Disability (Physical or Mental)

Ethnic Group Identification

Gender

Gender Expression

Gender Identity

Gender Orientation

Genetic Information

National Origin

Marital Status

Medical Condition

Pregnancy/Parenting

Race

Religion

Sex

Sexual Orientation

Veteran or Military Status

Not sure

Other

Other Reports Made

Check the appropriate boxes:

I am fulfilling my requirement as an employee to report harassment, discrimination and/or retaliation to the Title IX office.

Local Law Enforcement:

College Police:

Employee (Faculty/Staff/Administrator):

Human Resources:

None of the above:

Other:

Resolution Sought

What action or resolution are you requesting? (Required)

Supportive Measures:

Interim Measures:

Informal Resolution (if applicable:

Formal Resolution (Investigation and/or Hearing):

Not Sure:

Other:

Documentation

Photos, video, email, screenshots and/or other supporting documents may be attached below. 5GB maximum total size.

Choose files to upload.

Submission

Email a copy of this form [including all attachments] to swcertix@swccd.edu