

DISCRIMINATION, HARASSMENT, RETALIATION COMPLAINT FORM

This Complaint form should be used only to report alleged violations of Southwestern Community College District's Board Policy and Administrative Procedures [3410](#) – Nondiscrimination and/or [3430](#) – Harassment. The process to handle complaints is outlined in AP [3435](#) – Discrimination and Harassment Complaints and Investigations.

If you are in immediate danger or require medical attention, please contact College Police at x6691 from a campus phone or call (619) 216-6691 for emergency or call 911.

INSTRUCTIONS: Please fill in all of the information requested below as thoroughly as possible, attach additional pages or documents to this form, if necessary. Sign and date your complaint and return to SWCERTIX@swccd.edu.

The Report

I. Date(s) conduct occurred

II. Location(s) where conduct occurred:

III. Type of conduct that occurred

Select the box(es) which reflect the conduct or act(s) you want to report:

☐ Discrimination ☐ Harassment ☐ Retaliation

☐ The conduct or act(s) were directed at me.

☐ The conduct or act(s) were directed at another person.

IV. Describe conduct and/or incident:

V. Identify Protected Status

If you are filing a DISCRIMINATION or HARASSMENT complaint, indicate the Protected Status(es) that was/were the basis of the alleged discrimination or harassment. *(Please select all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Nationality | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Military/Veteran Status | | |

VI. Identify the Retaliation

If you are filing a RETALIATION complaint, indicate the activity/activities you engaged in that was/were the basis/bases for the alleged retaliation. *(Please select all that apply)*

- ☐ Reported or opposed conduct which was reasonably and in good faith believed to be in violation of District policy.
- ☐ Assisted or participated in a policy-related investigation/proceeding regardless of whether the complaint was substantiated.
- ☐ Assisted someone in reporting or opposing a violation of District policy, or assisted someone in reporting or opposing
- ☐ Retaliation under District policy.

VII. Describe the specific harm you have experienced resulting from the conduct and/or incident(s).

VIII. Describe the outcome(s) you seek from filing your complaint. Please be as specific as possible.

IX. REPORTING PARTY

The Reporting party is the person entering this report and is not necessarily the person that experienced the conduct. Check the applicable box and provide your name and contact information.

Reporting Party is the complainant ☐

Reporting Party is not the complainant ☐

First Name _____

Last Name _____

Phone Number _____

SWCCD email _____

Personal email _____

Affiliation with SWCCD: _____

Relationship to Complainant: _____

X. COMPLAINANT INFORMATION

Complainant is the person who experienced the alleged conduct.

First Name _____

Last Name _____

Phone Number _____

SWCCD email _____

Personal email _____

Affiliation with SWCCD: _____

XI. RESPONDENT INFORMATION

Respondent is the person who is alleged to have engaged in the prohibited conduct.

You may identify multiple Respondents.

Respondent #1:

First Name _____

Last Name _____

Phone Number _____

SWCCD email _____

Personal email _____

Affiliation with SWCCD _____

Relationship/Association to (Complainant) _____

Respondent #2

First Name _____

Last Name _____

Phone Number _____

SWCCD email _____

Personal email _____

Affiliation with SWCCD _____

Relationship/Association to (Complainant) _____

Respondent #3

First Name _____

Last Name _____

Phone Number _____

SWCCD email _____

Personal email _____

Affiliation with SWCCD _____

Relationship/Association to (Complainant) _____

XII. Supporting Documentation:

Do you have any documents, physical evidence (e.g., photographs or videos), or electronic communications (e.g., text messages, direct messages, social media content) that support your complaint?

No ☐

Yes ☐

(If yes, please provide below an explanation of the supporting documentation submitted and how it supports your complaint.

XIII. Witnesses:

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

Witness 1

First name: _____

Last name: _____

SWC email: _____

Personal email: _____

Describe their knowledge concerning your report, including date, time, location and subject matter: _____

Witness 2

First name: _____

Last name: _____

Telephone: _____

SWC email: _____

Personal email: _____

Describe their knowledge concerning your report, including date, time, location and subject matter: _____

Witness 3

First name: _____

Last name: _____

Telephone: _____

SWC email: _____

Personal email: _____

Describe their knowledge concerning your report, including date, time, location and subject matter: _____

XIV. NOTICE OF RIGHT TO AN ADVISOR

You may elect to have an Advisor present at meeting(s), interview(s), or hearing(s). If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meeting(s), interview(s), or hearing(s) regarding this complaint. This authorization may be withdrawn at any time. If an Advisor will accompany you, please provide the following information:

Advisor first name: _____

Last name: _____

Email: _____

XV. NOTIFICATION OF RIGHTS AND REPORTING OPTIONS AND RESOURCES

I acknowledge that I have received and read a copy of Southwestern College's:

1. Rights and Reporting Option's document;
2. Southwestern's Resources document: and
3. Notice of Nondiscrimination.

XVI. CERTIFICATION

A Complainant shall proceed with a complaint in good faith. A Complainant who knowingly and intentionally files a false Complaint, or any individual who is determined to have provided false statements or information during the investigation process shall be subject to college student or employee discipline. Such disciplinary action shall not be deemed to be Retaliation.

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

Your first and last name: _____

Date: _____

Your signature: _____

Date complaint received: _____