



## **Title IX Formal Complaint Form**

Individuals who have experienced sexual harassment while participating in a District program or activity, can submit a formal complaint to the Title IX Coordinator.

To file a formal complaint with Cerritos College, pursuant to the District's *2020 Interim Title IX Sexual Harassment Procedure*, please complete and sign this form and submit it to the District's Title IX Coordinator, Erin Miles, via e-mail ([TitleIXCoordinator@cerritos.edu](mailto:TitleIXCoordinator@cerritos.edu)), mail, or in-person.

Erin Miles  
Diversity, Compliance, and Title IX Office  
Human Resource Services MP 100  
11110 Alondra Blvd.  
Norwalk, CA 90650  
Office (562) 860-2451, ext. 2276 or 2276 (from a campus phone)  
E-mail: [TitleIXCoordinator@cerritos.edu](mailto:TitleIXCoordinator@cerritos.edu)

*The Title IX Coordinator is required to notify the respondent(s) of the complaint. Complainants can receive supportive measures without filing a formal complaint. The Office for Diversity, Compliance, and Title IX can assist anyone in filing a formal complaint. For more information regarding the District's Title IX policy, procedures, and supportive measures, please visit: <https://www.cerritos.edu/title-ix/titleixbasics.htm>.*

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### **COMPLAINANT/REPORTING PARTY INFORMATION**

Name: \_\_\_\_\_ Student/Employee ID#: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Report is being completed by:

- Reporting Party/Complainant     Third Party     Parent/Legal Guardian  
 Anonymous     Title IX Coordinator     Other: \_\_\_\_\_

Complainant/Reporting Party's Affiliation to Cerritos College:

- Student     Staff     Faculty     Student Applicant     Employee Applicant  
 Other:

\_\_\_\_\_

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**RESPONDENT INFORMATION**

Respondent's Name: \_\_\_\_\_

Respondent's Affiliation with Cerritos College:

Student     Organization     Faculty     Staff     Other: \_\_\_\_\_

If the Respondent is an employee, please provide the following information:

Respondent position/title: \_\_\_\_\_

Respondent E-mail: \_\_\_\_\_

Respondent Telephone Number: \_\_\_\_\_

Respondent Address: \_\_\_\_\_

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**WITNESS INFORMATION**

Witnesses are individuals who have information regarding the situation/incident.

Witness #1:

Name: \_\_\_\_\_

Relationship to Reporting Party/Respondent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Witness #2:

Name: \_\_\_\_\_

Relationship to Reporting Party/Respondent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Witness #3:

Name: \_\_\_\_\_

Relationship to Reporting Party/Respondent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**INCIDENT INFORMATION**

Date(s) of incident(s): \_\_\_\_\_

Location(s) of incident(s): \_\_\_\_\_

Describe in detail the situation/incident(s):

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*Signature (Complainant/Reporting Party)*

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*Date*