



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, Dr. Lauren Elan Helsper, via e-mail (TitleIXCoordinator@cerritos.edu), mail, or in-person.¹

Dr. Lauren Elan Helsper
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

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>.

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:

¹ As a result of the COVID-19 pandemic, on-campus operations are currently limited and the Office for Diversity, compliance, and Title IX staff are working remotely. As such, e-mail or mail formal complaint submission is advised.

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: _____

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: _____

INCIDENT INFORMATION

Date(s) of incident(s): _____

Location(s) of incident(s): _____

Describe in detail the situation/incident(s):

Signature (Complainant/Reporting Party)

Date