



## **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 Antelope Valley College, pursuant to BP/AP 3434, please complete and sign this form and submit it to the District's Title IX Coordinators, Dr. Lauren Elan Helsper, and/or Idania Reyes via email, mail, or in-person.

### **Staff/Faculty Complaints**

Dr. Lauren Elan Helsper  
Vice President, Human Resources  
Administration 162  
E-mail: [lauren.elanhelsper@avc.edu](mailto:lauren.elanhelsper@avc.edu)

### **Student Complaints**

Idania Reyes  
Vice President, Student Service  
Administration 131  
E-mail: [idania.reyes@avc.edu](mailto:idania.reyes@avc.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 Title IX Coordinators can assist anyone in filing a formal complaint. For more information regarding the District's Title IX policy, procedures, and supportive measures, please contact Dr. Elan Helsper or Ms. Reyes.*

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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 with Antelope Valley Community College District:

Student                       Staff                       Faculty                       Student Applicant  
 Employee Applicant                       Other \_\_\_\_\_

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**RESPONDENT INFORMATION**

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

Respondent's Affiliation with Antelope Valley Community College District:

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: \_\_\_\_\_

**INCIDENT INFORMATION**

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

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

Describe in detail the situation/incident(s): Use additional paper and attach if needed.

\_\_\_\_\_  
*Signature (Complainant/Reporting Party)*

\_\_\_\_\_  
*Date*