



PLEASE TYPE OR PRINT

DISCRIMINATION COMPLAINT FORM

NAME (Last, First, MI):

HOME PHONE NO:

ADDRESS:

WORK PHONE NO:

Alleged discrimination was based on what factor? (Check all that apply) Sex (Gender or Pregnancy): ___ Race: ___ Age: ___

Marital Status: ___ Sexual Orientation: ___ Religion/Creed: ___ National Origin: ___ Disability: ___ Sexual Harassment: ___

Gender Identity: ___ Gender Expression: ___ Genetic Information: ___ Military/Veteran Status: ___ Color: ___ Ancestry: ___

Which employment issue is involved? (Check all that apply)

Hiring: ___ Promotion: ___ Transfer: ___ Termination: ___ Differential Treatment: ___ **Retaliation: ___ Other: ___

Complaint is against which County office, agency, or employee?

NAME : _____ ADDRESS: _____ PHONE NO. _____

Describe circumstances of complaint. (Include names, dates, communications, attached supporting documents, etc.)

ADDITIONAL INFORMATION: IS _____ IS NOT _____ ATTACHED

Have you reported this complaint to your supervisor or department head? Yes ___ No ___

Provide names, addresses and phone numbers of witness(es) who may be contacted.

Describe the corrective action or remedy you are seeking.

Have you filed this complaint with any Federal, State or local agency? Yes ___ No ___

If yes, with whom? EEOC ___ DFEH ___ OTHER ___ DATE FILED: _____

Have you retained a private attorney? YES ___ NO ___ If yes, provide information below:

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

I declare under penalty of perjury that the facts and circumstances given above are true and correct to the best of my knowledge and belief. I further authorize the Equal Employment Opportunity Officer or his/her designated representative access to all appropriate personnel, medical, judicial, legal, and/or administrative records or files relevant to the investigation of this complaint.

Date: _____ Name (First, MI, Last): _____ Signature: _____

Date Received: _____ Name of EEO Representative: _____ Signature: _____

** Retaliation occurs after a person files a complaint of discrimination or participates in a discrimination investigation.

**PLEASE SUBMIT COMPLETED FORM TO THE EEO OFFICER OR
DIRECTOR OF HUMAN RESOURCES. THANK YOU.**