



PLEASE TYPE OR PRINT

DISCRIMINATION COMPLAINT FORM

NAME (Last, First, MI): _____

HOME PHONE NUMBER: _____

ADDRESS: _____

WORK PHONE NUMBER: _____

Alleged discrimination was based on what factor? (Check all that apply)

Table with 6 columns: Age, Race, Color, Sexual Orientation, National Origin, Marital Status, Ancestry, Military/Veteran Status, Sexual Harassment, Religion/Creed, Gender Expression, Sex (gender), Gender Identity, Disability, Genetic Information, Sex (pregnancy)

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

Table with 3 columns: Hiring, Promotion, Transfer, Termination, Differential Treatment, Retaliation**, Other:

Complaint is against which County Office, Agency, or Employee?

Table with 2 columns: Name, Address, Phone Number

Describe circumstances of complaint: (Include names, dates, communications, attach supporting documents, etc. | attach additional sheets if needed)

Blank lines for describing the complaint circumstances.

Is additional information attached?

Yes No checkboxes

Have you reported this complaint to your Supervisor or Department Head?

Yes No checkboxes

Provide Name, Address and Phone Number of witness(es) who may be contacted (attach additional list if needed)

Table with 3 columns: Name, Address, Phone Number

Describe the corrective action or remedy you are seeking.

Have you filed this complaint with any Federal, State or local agency?

Yes No checkboxes

If yes, with whom?

EEOC DFEH Other: _____ checkboxes

Have you retained a private attorney: (if yes, provide information below)

Yes No checkboxes

Table with 3 columns: 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. _____ (Initial Here)

Table with 3 columns: Name (First, MI, Last), Signature, Date for both complainant and EEO Representative

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

Human Resources Use Only Date Received | PLEASE SUBMIT COMPLETED FORM TO THE EEO OFFICER OR HUMAN RESOURCES & RISK MANAGEMENT DIRECTOR 940 WEST MAIN STREET SUITE 101 EL CENTRO, CA 92243 | (442) 265-1017 or (442) 265-1148 | Human Resources & Risk Management COUNTY OF IMPERIAL